DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | NEO IO MAIN | | | | | | KEG. NC |). | | 32 |
|-----|---------------------------------------|--|---------------------------------------|------------------|----------------------|--|---------------------------------------|---------------------------------------|----------------|------------------------------------|
| | L DECEASED NAME | LUCIEN | | J | | BE. | JANUARY 2 | 1986 | YEAR | 26 HOUR 6:00PM M |
| | 3 SEX | | 4 RACE | | 5. DATE C | | & AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| | Male | | White | | Oct. | 30% 1946 | 69 | YRS. | | 1.00.0 |
| g | To BIRTHPLACE IS | TATE OR FOREIGN | 76 CITIZEN OF | | RY? 8. | NEVER MARRIED | 9 BALTIMORE CITY OF | | FDEATH | |
| | COUNTR Mic | | U.S | | WIDOWE | D DIVORCED | Ceci | | | MD. |
| 1 | | Point | VA" MEDI | CAL CEN | TER PER | ROTHER INSTITUTION RRY POINT MD | TYPE CLIMPER FOR MOST OF LEGET 1 | working life) | INDUSTRY | of Business or |
| 1 | DeI. | 13 COUNTY OF THE W | | | | 13d INSIDE CITY LIMITS? YES TO NO [| 13e STREET ADDRESS / | ZIP CODE. | 191 | 12099 |
| 1 | 14 FATHER'S NAME | oseph A | . Aube | LAST | | 15. MOTHER'S MAIDEN NAM | ME Bovenoü's | | LAS | 51 |
| 7 | YE'S OR UNKNO | EVER IN U.S. AR | MED FORCES? EMPROR DATES) KOPOL | 233 52 | | Mary T. Aul | oe 238 Syk | es Rd | Del. | 19720 |
| 100 | | DEATH (Enter or ATH WAS CAUSE IMMEDIA | one couse per DBY: TE CAUSE (0) | | ARREST | | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | gave rise couse (a), underlying | cause lost | DUE TO, O | | OUENCE OF ERS DIS | EASE | | | | |
| , | | R SIGNIFICANT (| CONDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | ITION GIVEN | I IN PART 1 | 0 |
| 1 | STO VCCIDENT OF C | PERATION | 196. COND | ITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO X | 20b. IF YES, V IN CERTIFYII YES | NG CAUSES | NGS USED S OF DEATH? |
| | OR COLUMNIA COLUMN | WAS UNDERLYING C HG CAUSE OF DEA IFY MEDICAL EXAMINES | HOUR A. | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | T 1 OR PART 2) | |
| | | NOT WHILE | | REET FACTORY OFF | | 21f LOCATION STREET | CITY OR TOV | VN | COUNTY | STATE |
| | sow the | hat (I) (this hospi deceased alive an (we)(did)(did no | JANUARY | 2 1 | MAUGUST 86on | 14 , 19 84 id that in (my) (our) opinion o | , to JANUARY death accurred an the do | | | that (we) lost couses stated |
| | 22b. SIGNATU | xoup | Len | da | MP | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | F IAN [] | 22c. DATE | SIGNED |
| | 22d. PHYSICIA | N'S NAME INTER | R PRINT) | | | 22e ADDRESS | | | | |
| | | H COUDON | | | | VA MEDICAL C | | POINT | CMD 7 | |
| | 230 BURIAL, CREMA | ATION, REMOVAL | 7-6-8 | 6 | AII SE | EMETERY OR CREMATORY | Newark | New G | astl | e Deili. |

DHMH - 16 60M 7/84 (VRA 15, 4)

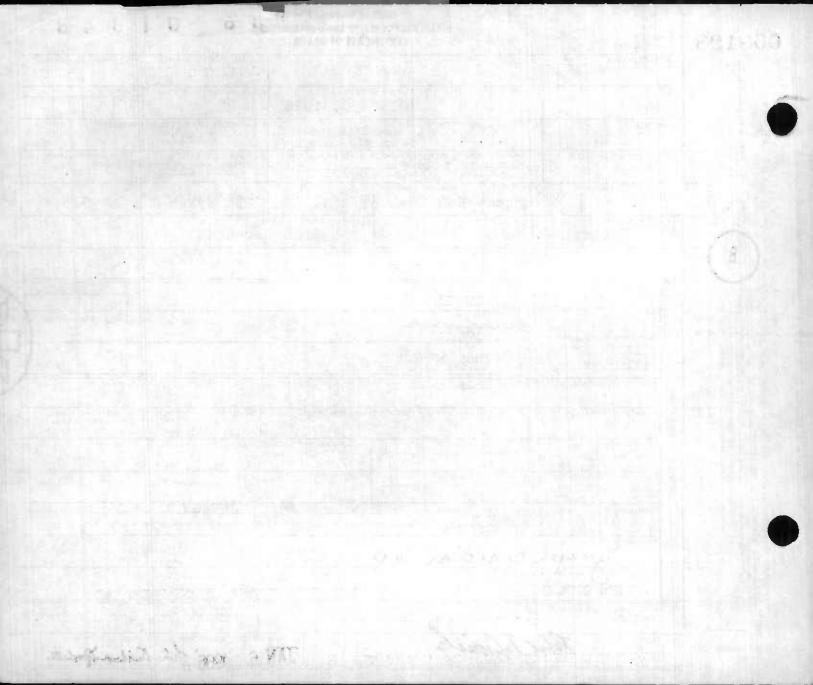
24 FUNERAL DIRECTOR

O FUNERAL DIRECTOR: Atter this certificate has been signed by the attentional be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, marked or Hem 18 shaws any

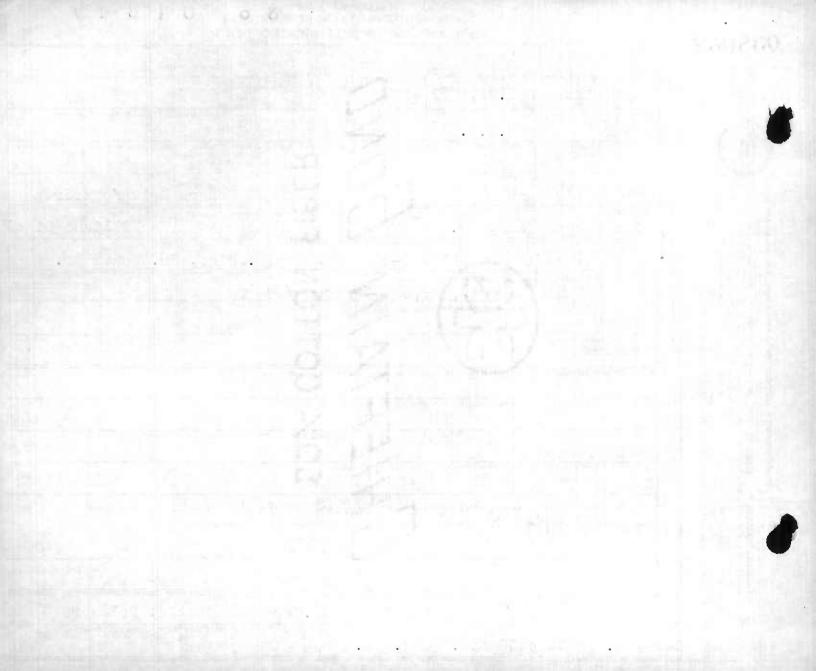
NDING PHYSICIAN: The

SPICER MULLIKIN FUNERAL HOME NEW CASTLE DE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND



STATE OF MARYLAND

sow the deceased alive on obove (1) we) (did (did not) view the body after death.

Chih HSU

22b. SIGNATURE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria]

IF UNDER I YEAR

12b. KIND OF BUSINESS OR

Mechanic

Koch

COUNTY

22c DATE SIGNED

and that in (our) opinion death occurred on the date and hour and from the causes stated

Elkton

MEDICAL

West may st

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

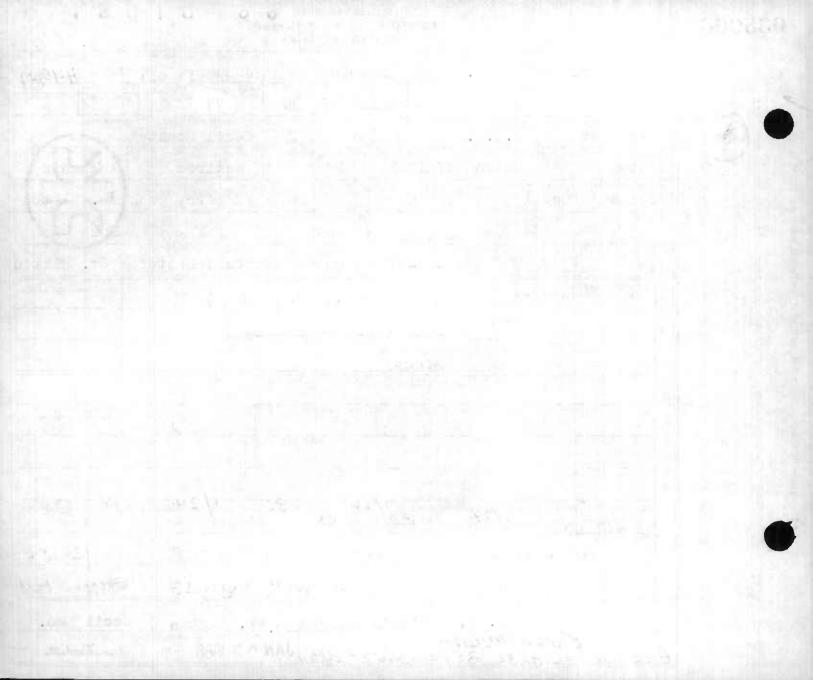
Manor Mem Pk.

DHMH - 16 60M 7/84 (VRA 15, 4)

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DEGREE

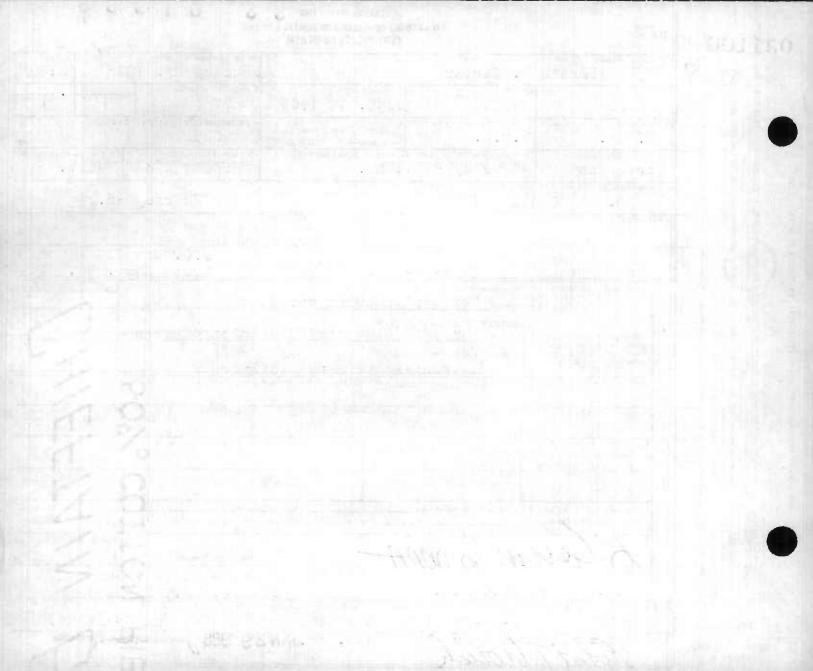
23c NAME OF CEMETERY OR CREMATORY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HYDENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 035035 REG NO CEASED NAME KNOWN | MONTH DAY 2b. HOUR TYPE OR PRINTE OF George Bryant DEATH MATED W. 4 RACE AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF LINDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED Male 01 - 28White 06 - 30 - 21DEAD 64Y YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Tenn U.S.A. WIDOWED Z DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) retired Elkton Truck Driver Hospital of Cecil Co Flkton Mo USUAL RESIDENCE (IF IN NURSING HOME & 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
YES 166 Blake Rd 1136. COUNTY 13c. CITY OR TOWN Cecil Elkton Md 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Canter **UNKNOWN** Fannie 17 INFORMANT **ADDRESS** 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Merwin Bryant son same address 398-1543 (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 186-16-0371 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: herosulevotic heart divar IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF YES 🗍 NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection X 22a I certify that I taak charge of the remains described above, held on and in my opinion Autopsy Inquiry death resulted from Natural causes Suicide Hamicide Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME HO>1 (TYPE OR PRINT) 0 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) 1986 MILLER FAMILY CEMETERY BP Burial Feb. TRADE JOHNSON CO TENN. 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) ELKTON, MD. 21921 HICKS HOME for FUNERALS 20M 4/82

0 The control of the last control of the control of t HILLS HOLL for Fund And Landow, Mp. 21921 and the committee of the second Library Landows Landows

| 31106 | 1- | FOR STATE REGISTRAR | DEPA | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH | YGIENE REG. NO. |
|--|----------------|---|---|---|---|
| | | CEASED NAME FIRST | WIDDLE | LAST | 26. DATE OF DEATH MONTH DAY YEAR 26 HOUR |
| nay be | | Birtie | M. Carter | | January 25, 1986 12:30 |
| ofte | 3. SE | Female | 4. RACE White | Sept. 17 1908 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS MY YRS. |
| deoth. Page uneral direct hin 72 hours of once | 7a. BI | RTHPLACE (STATE OR FOREIGN | U.S.A. | RY? B MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR COUNTY OF DEATH Cecil |
| offer of with the fu | N | orth East | I TUTKEY PO | | 120. USUAL OCCUPATION (THIS OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TO TO THE |
| 24 hour | USU/ 13a. S | LA RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION, GIVE RESIDENCE BY THE CITY OR THE CITY OF THE | efore admission) 13d. INSIDE CITY LIMITS Sun Yes \(\text{VES} \) | 130. SIREEDADDRESS Grady Rd 2/9// |
| | IA FA | THER'S NAME FIRST Wills | MIDDLE LAST | 15. MOTHER'S MAIDEN FIRST Mary | NAME MIDDLE LAST |
| (F) 97 | | AS DECEASED EVER IN U.S. AF | RMED FORCES? 16b. SOCIAL S | SECURITY NO. 17. INFORMANT NORMA AL | D APPRESS BOY 127 |
| requires that the death as en signed by the attending. Then please remove cost or to buriol, cremotion, or injury, or other troumatite. | TION | | DUE TO, OR AS A CONSE (c) COT CONDITIONS CONTRIBUTING | tension cardiov | RMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| he low on. | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WE | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO |
| PHYSICIAN: TI tending physicians this certificate the buriol-transition of Menial Hygisid or frem 18 sh | MEDICAL CE | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED | ATH HOUR A.M. MONTH | DAY YÉAR 19 211 LOCATION | URRED (ENTERNATURE OF INJURY IN ITEM 18, PART I OR PART 2) CITY OR TOWN COUNTY STATE |
| ENDING of or of or of or of use os t Health o | | WHILE NOT WHILE AT WORK 220.8 certify that (I) (this hasp | | | , to, that (I) (we) |
| the hospital to Refine the hospital to DIRECTO stocked for the Dept. of 1. If hem 21. | | The SIGNATURE COS | ot) view the body ofter death. | DEGREE ATTENDING PHYSICIAN | ☐ DIRECTOR ☐ PHYSICIAN ☐ |
| Stor de de | | THE PHYSICIAN'S NAME COME | | 114 WDDWESS 3() | North Street, Suite 2 |
| TO HOSPITAL eroined by th TO FUNERAL should be deter with the State MAPORTANT: F | | K.M.Corrin | | | Elkton, Md., 21921 |



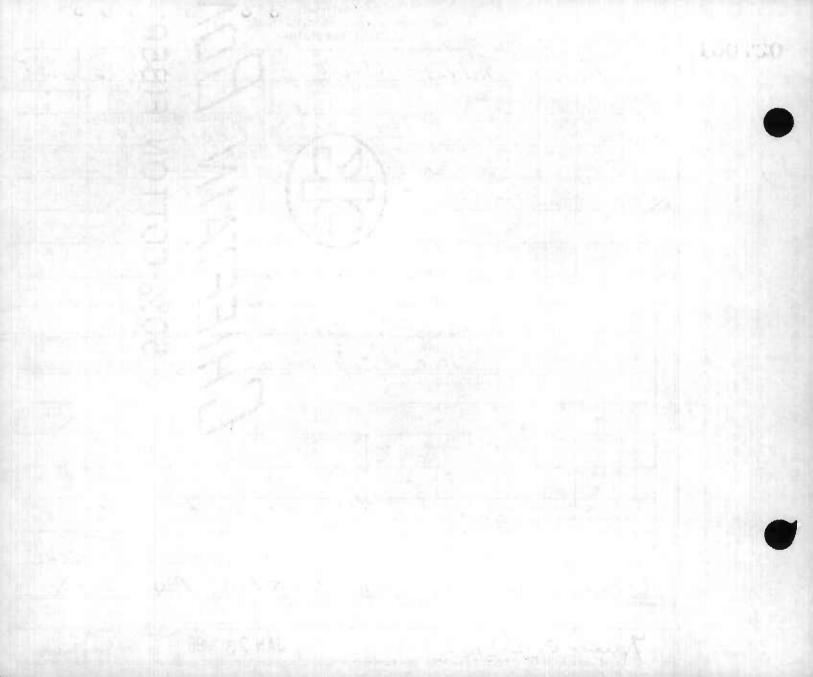
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to be the mount of the same and the

THE REAL OF DESCRIPTION ASSESSMENT OF SUPERIOR SERVICES.

| | FOR 1 - STATE REGISTRAR | | STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | | 8 5 5 |
|--|--|---|---|--|---|
| 027061 | I DECEASED JAME FIRST | MIDDLE | Couls | REG. NO. | DAY YEAR 25 HOUR |
| pe 4 more | 1 SEX MALE | 4 RACE WHITE | 5. DATE OF BIRTH MONTH DAY JANUARY 10,1986 | 6 AGE (IN YEARS LAST BIRTHDAT) | IF UNDER LYEAR IF UNDER 24 MRS. MONTHS DATS HOURS MIN. |
| | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUN | |
| 1) 27 | EIK TOW | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD UNION HOSPI | DRESS) | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING | 125 KIND OF BUSINESS OR |
| A September 1 | MARYLAND 136 CO | CCIL FLKTON | | 130 STREET ADDRESS / ZIP CO | |
| d control | DAVTD 160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES O | TE COVIE ARMED FORCES? 16b SOCIAL SECUR GIVE WAR OR DATES! | ROBERTA TY NO. 17 INFORMANT | MIDDLE S ADDRESS | BRINK |
| A De Constitution of the c | NO | only one cause per line 10 to 1, (b), and | | COYLE, ELKTON, | MD 21921 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| equies, that the death certs is signed by the attending in Then please remove carbon injury, or other traumotic ex- | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANI | DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT (c) CONDITIONS CONTRIBUTING TO DE | ce of Cansolidat | Lucas Luass Alinal Disease or Condition Co | GIVEN IN PART 110 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH O | PERATION WAS PERFORMED | IN CER | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO |
| IG PHYSICIAN, attending physic or this certificat the burnal fram and Memori Hysi ked as there 18 at | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (WEITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK | DEATH HOUR A.M. MONTH DAY | 19 211 LOCATION | RED (ENTER NATURE OF INJURY IN ITEM I | 8 PART 1 OR PART 2) COUNTY STATE |
| A TTENDON hospitel or RECTOR, As the did rous o that of Health here 21 is ma | 220 1 certify that (1) this has | pital) attended the deceased from | and that in (my) (aur) opinion DEGREE | death occurred an the date and h | , 19 , that () we) last our and from the causes stated |
| HOSPIFAL O | 22d. PHYSICIAN'S NAME TIPPE | rdala mp | ATTENDING PHYSICIAN E | MEDICAL STAFF DIRECTOR PHYSICIAN | 1/1/82 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 230. BURIAL, CREMATION, REMOVA | | ME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | BURTA 24 FUN DIRECTOR HICKS HOME FOR T | Har be hormer | TON CEMETERY 250. DAY | E REC'D. BY REGISTRAR 251 REG | STRAND @ STRANS SIGNATURE |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE - STATE CERTIFICATE OF DEATH REGISTRAR 020271 REG. NO 20. DATE OF DEATH MONTH DECEASED NAME MIDDLE FIRST 7h HOUR LTYPE OR PRINTS JANUARY 11, 1986 RALPH LEONARD DANDY 1:15P M 1 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR Male White Sept 1919 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K Cecil County USA Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VA MEDICAT SIVE SINTERS PERRY POINT, MD Laborer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md Baltimore NO [2942 Huntingdon Avenue 21211 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Irving Dandy Albertina Evert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Yes no or unknown) (IF YES GIVE WAR OR DATES) 215-07-6597 WWII Earl J. Dandy 123 W. 29th Street 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY, Cardiopulmonary arrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (0), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION COUNTY STATE LAT HOME STREET, FACTORY OFFICE FARM ETC I WHILE NOT WHILE 220 I certify that (X(this hospital) attended the deceased from September 15, 19, 83 to January 11 19 86 sow the deceosed always January 11 obove, (A (we) (did) (MAXXX new the body ofter death and that in XX (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR TO PHYSICIAN TO 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MICHAEL DELAHUNT, M.D. VA MEDICAL CENTER, PERRY POINT, MD 21902

23c NAME OF CEMETERY OR CREMATORY

Md. Vet Cem. Garrison

23d LOCATION

CITY OR TOWN

Garrison.

250 DATE REGID BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Balto. Co.

DHMH - 16 60M 7/84 (VRA 15, 4)

Burgee-Henss, 3631 Falls Rd., Balt, MD 21211

01/16/86

230 BURIAL, CREMATION, REMOVAL 236, DATE

Burial

24 FUNERAL DIRECTOR

injury, or other troumotic event, the

If hem 21 is morked or them 18 shows ony

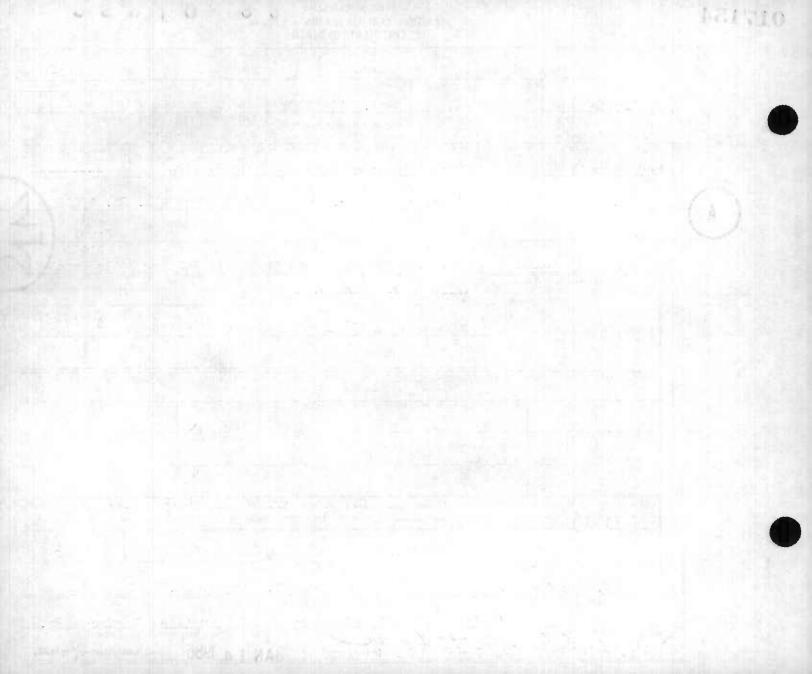
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 0 | 1 | 8 | 5 | 8 |
|---|---|---|---|---|
| | | | | 6 |

| 1 | REGISTRAR | | CEKTIF | ICATE OF DEATH | REG. N | 10. | | 8 |
|---|--|--|----------------|--------------------------------|---------------------------|----------------|--------------------|--|
| | 1 DECEASED NAME FIRST | WIDDIE | L | AST | 20 DATE OF DEATH | MONIH | DAY YEAR | 2b. HOUR |
| ١ | Madeline | Marv | Davi | dson | January | 9. 1 | 986 | 1320 ms |
| | 3. SEX | 1 RACE | 5. DATE O | FBIRTH | 6 AGE (IN YEARS LAST BI | RTHDAY | MONTHS BAT | |
| 1 | Female | White | Sept | | | 81 YRS | | S HOURS MIN |
| 1 | BIRTHPLACE STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8 | □ NEVER MARRIED □ | 9 BALTIMORE CITY | OR COUN | TY OF DEATH | |
| 4 | Pennsylvania | USA | WIDOWE | | | Cecil | | MD. |
| ř | IL CITY OR TOWN OF DEATH | 1). NAME OF HOSPITAL, NUR | | ROTHER INSTITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS OR |
| J | Fort Deposit | 54 Rolling H | | nch Lane | House Wi | | INDUSTR | |
| d | JSUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN | | | 113d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / 7IP CO | DE CA | RICKI |
| 7 | | aware Chest | | YES NO | 2509 Wes | | - 1 / | 19013 |
| Ħ | 14 FATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | | LAST |
| 4 | / John | Mitche | 211 | Lannie | WIDDLE | | | wel |
| 4 | 360 WAS DECEASED EVER IN U.S. AR | | | 17 INFORMANT | ADDR | ESS | 2 | 1904 |
| 7 | I YES, NO OR ONKNOWN) THE YES, GIV | | -7808D | Rosemarie Li | nton 54 Ro | lling | | |
| | 18 CAUSE OF DEATH (Enter on | ily one couse per line (a) (b) | | ρη | | | | DXIMATE INTERVAL IN ONSET AND DEATH |
| 1 | PART I. DEATH WAS CAUSE | DBY: TE CAUSE (0) REQUI | irator | , Failure | | | | |
| 4 | | DUE TO, OR AS A CONSE | OHENCE OF | TI | 0. | + 1 | 6 | -1985(147 |
| ١ | Conditions, if any, which | 3/ | whoma | = Inleace | anial Me | lasla | sis 0 | -1402(145 |
| | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSE | QUENCE OF | | The latest the second | 7110 | ALC: Y | |
| | underlying couse lost | (c) | | | No. of the second | | | |
| | PART 2 OTHER SIGNIFICANT | ONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | 4DITION C | SIVEN IN PART | 110 |
| | 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING | | | | | | | |
| 7 | S 190 DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATION | WAS PERFORMED | 20a AUTOPSY? | 20b IF Y | YES, WERE FINE | DINGS USED SES OF DEATH? |
| | RITE | 5 P X 100 | | | YES NO X | | YES 🗌 | NO 🗌 |
| 7 | | 216. TIME OF INJURY | DAY YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJU | URY IN ITEM II | 8 PART OR PART 2 |) |
| 4 | (IF EITHER NOTIFY MEDICAL EXAMINER | | 19 | | | | | |
| 1 | OR CONTRIBUTING CAUSE OF DEA | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI | ICE FARM ETC) | 211 LOCATION STREET | CITY OR TO | OWN | COUNTY | STATE |
| ٩ | WHILE NOT WHILE AT WORK | | | | | | | |
| | 220-1 certify that (I) (this hospi | | | Dec 19 55 | , to | - CP | 19 86 | thor (II) (we) lost |
| 1 | | t view the body after death. | | d that in (my) (our) opinion o | death occurred on the d | ote and he | | |
| 1 | 226. SIGNATURE | luther S Sa | 011 | DEGREE ATTENDING . | MEDICAL STA | cc | | TE SIGNED |
| 4 | thee | | enan | PHYSICIAN [| MEDICAL STA | | 1.1 | 10.86 |
| 1 | 22d. PHYSICIAN'S NAME (TYPE O | RPRINT | | 22e ADDRESS | | | | |
| 4 | S. S. Sachde | ev MD. | | 204 Bow St. | Elkton, M | d.219 | 921 | Local A |
| | 230 BURIAL, CREMATION, REMOVAL | 23b DATE 2 | 3c NAME OF CI | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| | Burial _ | 1/14/86 | Fairvie | ew Cemetery | Coatesvi | | Cheste | r Pa. |
| | 24 FUNGICAL DIRECTOR | Torsey to | Low | 250. DATE | E REC'D. BY REGISTRAR | | STRAR'S SIGN | ATURE |
| - | Lee A. Patterson | 1 & Son Perryvi | ille, Ma | aryland 1/ | AN 1 4 1986 | 11 ~ ~ | in want door | -Aandelle |

DHMH - 16 60M 7/84 (VRA 15, 4)

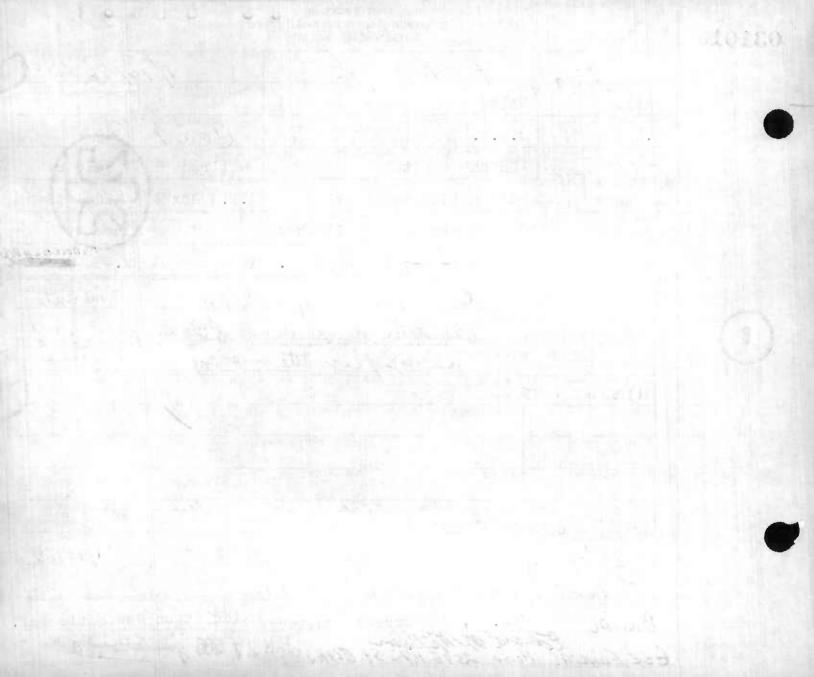


| | | | | | | | | | RYLANI | 072 | 4 | 0 | 3 | 12 | 5 0 | | |
|--|---------------|------------------------|---|----------------|-----------------|--------------------|---------------|--------------|-----------------|--------------|-------------|---------------|---------------|---------------|-----------|-------------|----------|
| 030004 | | FOR STATE | | | D | PEPARTMI | ENT OF H | EALTH / | AND MEI | NTAL H | MENE | U | - | Q | 3 1 | | |
| 00000 I | | REGISTRAR | | | MED | DICAL EX | CAMINE | R'S CE | RTIFIC | ATE O | FDEAT | H | REG. N | 10. | | | |
| 1. 4 | | CEASED NAME | FIRST | | - | MIDDLE | | LA | ST | | 2a. | DATE K | NOWN N | MONTH | H DAY | YEAR 2 | b. HOUR |
| T Washington | (TYP | E OR PRINT) | 341- | | | - | | D-F-7 | -16 | | | OF DEATH / | F211. | | 1011 | 0.0 | |
| TEAS OURS MEET | 2 000 | | Mark | | OF BIDTH | D. | AGE (IN YEAR | DeW | | E I DIDED O | | | WAILD | | 24/ 19 | 001 | M |
| | 3. SEX | | 4 RACE | MONTH | OF BIRTH | YEAR 0. | LAST BIRTHDAY | | | HOURS 1 | | DATE | ED | MONTH | DAT | TEAR 2 | 1 2025 |
| ARY, I U DIRE YOUR YOUR | M | ALE | WHITE | 12 | 30 / | 1962 | Z3YRS | 5. | | | | DEAD | | 1/ | 24/19 | 9 86 | AM |
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| Section 3 | | dN | CE | 4 4 | | PKING | SUN | | YES 🗌 | NO DE | 7: | | | WEL | 1/ Ra | , , , | |
| - 22 mg | 14 F/ | THER'S NAME | | | | 113/2/1 | 7,7 | | 5. MOTHER | R'S MAIDEN | NAME | | | | | | |
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| NO WELL | | lying coo | se tost. | | (c) | | | | | | | | | | | | |
| A A NICE OF STATE OF | | PART 2 OTHER SI | GNIFICANT CONDITION | NS CONTRIBUTI | ING TO DEATH I | UT NOT RELATED | 10 THE TERMIN | AL DISEASE D | e CONDITION I | GIVEN IN PAR | [] (a) | | | | | | |
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| TO MEDICAL EXAMINER: THIS CENER THE CENTRICATE, WRITHOUSE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE ID BELLIMORE, MARYTAND, 21201 | 1 | (TYPE OR PRI | | gory | R. Ka | uffman | M.D | AI | DDRESS | 111 | Penr | St. | | | | | |
| PAGE EXE | 23a.8 | URIAL, CREMA | TION, REMOVAL | 236 DATE | | 23c. NA | ME OF CEM | ETERY OR | CREMATOR | RY | 23d. LOCA | TION | | | SUNTY | STATE | |
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| | IS NECESSARY, PLEASE E FUNKRAL DIRECTOR. E 5 FOR YOUR FILES. ED. WITHIN 72 HOURS I W. PRESTON STREET, | 3 SE | Х | 4. RACE | 5 DATE OF BIRTH | | 6 AGE (IN YEAR | RS IF UND | | IF UNDER | | DATE | MONTH | DAY YEA | 8:50 |
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| | A ALS32 | | ATHER'S NAME | Ceci | | 1001 | OLA | 1 | 5. MOTHE | ER'S MAIDEN | | | e_Row_ | - | |
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AND THE OWNER OF THE PARTY



FOR - STATE REGISTRAR

1. DECEASED NAME

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HT CERTIFICATE OF DEATH

YEAR

LAST

5. DATE OF BIRTH

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| はのり | Ma | | Harford | | ryman | | YES T | NO X | | erryman | | 130 |
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| 2016 | TIE | | | - | | | | | YES | NO SO | YES | NO 🗌 |
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| 27 p | VEC | | 14 | THOME STREET, FACTO | | RM ETC) | | REET | | CITY OR TOWN | COUNTY | STATE |
| T o ex | | AT WORK NOT WHILE | | | | | | | | | | |
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| 3 4 5 | 100 | saw the deceased of above, (1) (we) (did) | alive an | 1-24 | 19_8 | 6, one | d that in (| (our) opinion o | death accurred | an the date and he | our and from the | causes stated |
| 22 t E | - | 276 SIGNATURE | XIXIXX yew | the body after de | oth. | - | EGREE | | | | Inn. DAYS | CICNIED |
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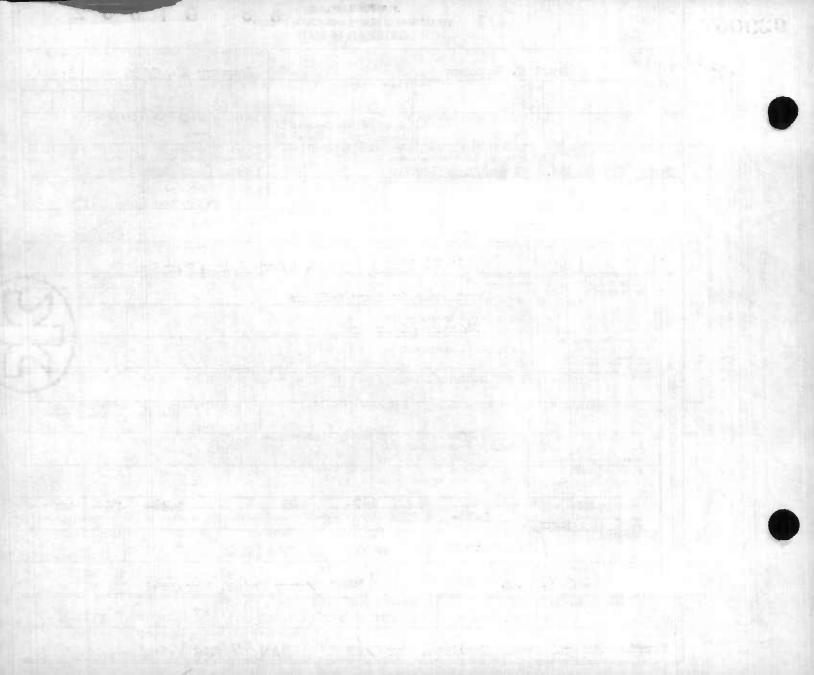
Albert C. Foreman 4. RACE

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Fichia Davidson Abondasse

DHMH - 16 60M 7/84 (VRA 15, 4)

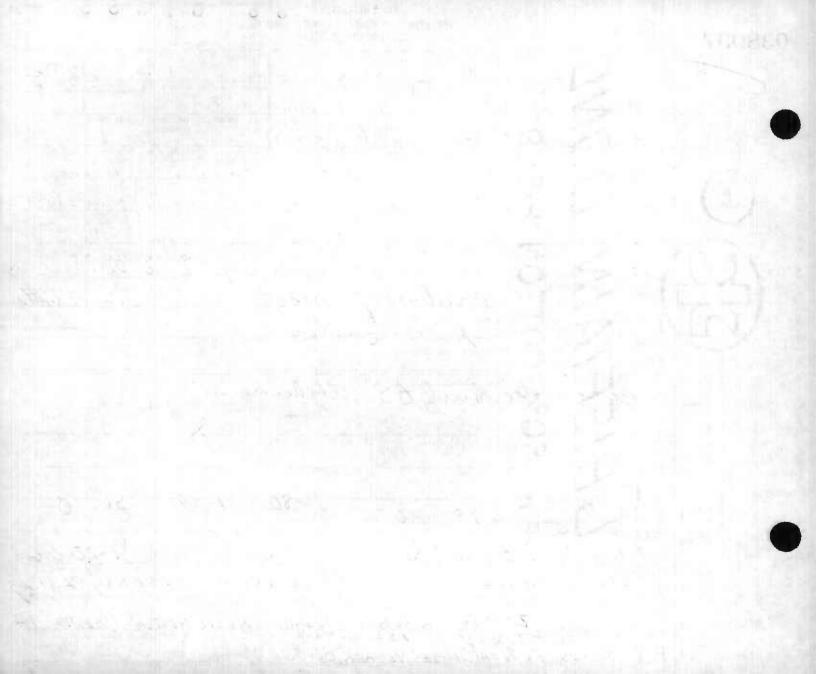
24 FUNERAL DIRECTOR



| 8097 | FOR 1 - STATE REGISTRAR | DEPARTM | STATE OF MARYLAND 8 ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | 6 0 I | 8 6 3 |
|---|--|---|---|------------------------------|--|
| 4 | LILL EASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MON | TH DAY YEAR 26 HOUR |
| 75-4 | Clarence | β. | GRAV | | 29 86 243 AM |
| 8.0 | 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | |
| rs oft | Male | white | MONTH 19 1901 | 84 | YRS DAYS HOURS MIN. |
| 32 100 | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED DE NEVER MARRIED | 9 BALTIMORE CITY OR C | OUNTY OF DEATH |
| 16 3/5 | Pennsdvinia | U.S.A. | WIDOWED DIVORCED | | Cecil MD. |
| 35/201 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | | 12a. USUAL OCCUPATION | |
| 10 C | Rising SyN | Calvert Manue | VINRS: Va Itome | Forenow | Landay |
| (1) | UAL RESIDENCE (IF NURSING HOME OF | | | 130 STREET ADDRESS / ZII | PCODE RM, RT 841-1935 |
| no. | FATHER'S NAME | MIDDLE ALAST | 15. MOTHER'S MAIDEN NAM | AE MIDDLE | TZALI |
| 11/1/2 | Samuel | GRAY | Emma | | Maris |
| 11/18 | 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV | /E WAR OR DATES) | -1012 A. Squael | 1. O a 1 " / | arayal Prive |
| g phy sonpa remov : event | PART I. DEATH WAS CAUSE | nly one cause per line fai (a), (b) and (b) BY TE CAUSE (a) Caralle | resp. arres | +' | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONNECTIONS |
| by the ottendir cose remove carb of, cremation, or r other troumotic | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | monites | | |
| Then ple Then ple of to burn | | CONDITIONS CONTRIBUTING TO D | A5 allaher | MALDISEASE OR CONDITI | ON GIVEN IN PART To |
| has bee t permit | NO GENERATION | USE CONDITION FOR WHICH | OPERATION WAS PERFORMED | | N. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO |

ZIL TUME OF INJURY THE HOW INJURY OCCURRED THEN WATURE OF MILES WITH THE PARTY CORPORATED ACCESSIT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING COLORATE MEDICAL or Item P.M. 10 I IF EITHER, NOTIFY MEDICAL EXAMINERS TH LOCATION 21d. INJURY OCCURRED Zie. PLACE OF INJURY CITY ON LOWIN countr STATE AT HOME STREET FACTORS: OFFICE FARM, ETC.) morked NOT WHILE 220.1 certify that (1) (this haspital) oftended the deceased from that (1) (we) lost sow the deceased alive on above (1)(we) (did) (did not and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MAPORTANT: If he ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS OYLE MD LOCUST ST 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR 23d LOCATION (SPECIFY) BURIA WESTC W. MAJ NISO DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

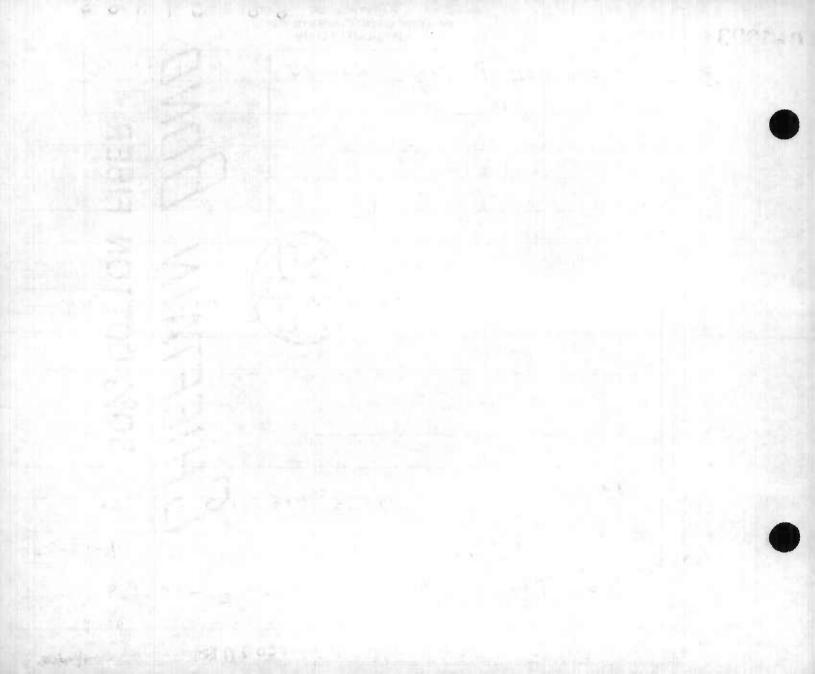


| 19 | | FOR STATE REGISTRAR | | | MENT OF H | EALTH AND MENTAL HYG ICATE OF DEATH | REG. N | | 0 04 | |
|--|-----------------------|---|--|--|--|---|---|---|--|--|
| t | | CEASED NAME OR PRINT) | iomas Wi | lliam | Grego | or | 14 01116 01 061111 | 1986 | YEAR | 26. HOUR 4:00 |
| , | 3. SEX | Male | 4. RACE | hite | S. DATE O | _ DAY YEAR | 6 AGE TIN YEARS LAST BIR | THDAY) IF (| UNDER 1 YEAR | HOURS MIN |
| 4/1 | 7e. BIF | RTHPLACE (STATE OR FOREIGN OUNTRY) MIORD, Mai | ne U | S . A . | 2 8 | NEVER MARRIED | 9 BALTIMORE CITY O | RCOUNTY OF | F DEATH | |
| (A) | | Elkton | 11. NAME C | OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE Union Ho | T ADDRESS) | ROTHER INSTITUTION | 12e. USUAL OCCUPATION OF WORK FOR MOST OF Retired - | F WORKING LIFE) | 126 KIND OF INDUSTRY Trici | |
| 6 | USU A 13e. S | LA RESIDENCE (IF NURSING HE TATE 136. | ome or other institution county Cecil | ON GIVE RESIDENCE BEFORE TO LETTER T | NN I | 13d. INSIDE CITY LIMITS? | 130. STREET ADDRESS Laurelwo | ood Nu | rsing | Cent |
| 20 | 14 FA | THER'S NAME FIRST Ohn | Wood | Gregor | | 15. MOTHER'S MAIDEN NAME Hamilton | MIDDLE | | Corn | wall |
| madicol / | | VAS DECEASED EVER IN U (ES, NO OR UNKNOWN) (IF | .S. ARMED FORCES YES, GIVE WAR OR DATES | | | Suzanne G. | Adams Box | 100 | cean | City. |
| | | gove rise to immedia couse (a), stating t | he DUE TO. | OR AS A CONSEOL | ENICE OF | TENY DISEA | | es este o | | |
| ws ony injury, or other | FICATION | couse (a), stating to underlying couse la | he DUE TO, (c) | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | M CULHR & | 20b. IF YES, V | VERE FINDING | GS USED OF DEATH? |
| em 18 shows any injury, or oth | AL CERTIFICATION | Couse 101, stoting the underlying couse 102 PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE CAUSE CAUSE COUNTRIBUTING CAUSE CAUSE | he DUE TO, (c). ANT CONDITIONS 196. CON NG 216. TIME OF DEATH HOUR | CONTRIBUTING TO | DEATH BUT | O TOC CATHOUNOT RELATED TO THE TERM | MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NOTE} \) | 20b. IF YES, V IN CERTIFYIN YES [| VERE FINDING NG CAUSES C | GS USED |
| nond mentol Hygiege prior to burio, crearked or Item 18 shows ony injury, or other | MEDICAL CERTIFICATION | PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI | ANT CONDITIONS 196. CON 196. CON 196. CON 196. CON 216. TIME 4HOUR AMINER) 216. PLACE 14 HOUR | CONTRIBUTING TO | DEATH BUT H OPERATION DAY YEAR 19 | NOT RELATED TO THE TERM | MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NOTE} \) | 20b. IF YES, V IN CERTIFYIN YES [| VERE FINDING NG CAUSES C | GS USED OF DEATH? |
| 21 is marked of Hem. 18 shows any injury, or other | | PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this saw the deceased of | ANT CONDITIONS 196. CON 196. CON 196. CON 196. CON 216. TIME HOUR AMINER) 216. PLAC (AT HOME. | CONTRIBUTING TO CONTRI | DEATH BUT H OPERATION DAY YEAR 19 FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE | MINAL DISEASE OR CON 200 AUTOPSY? YES NOW CITY OR TO | 20b. IF YES, V IN CERTIFYIN YES [RY IN ITEM 18 PART | VERE FINDING CAUSES C | GS USED DF DEATH? NO STATE |
| ANT: IT THEM 21 IS MOTHED OF THEM 18 STOWN ON UNIVY, OF OTHER | | PART 2. OTHER SIGNIFIC PART 2. OTHER SIGNIFIC 110. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EX AT WORK AT WORK 220.1 certify that (1) (this saw the deceased of above, (1) (we) (did) (27b. SIGNATURE AULIANAMA 4 4 4 4 4 4 4 4 4 4 4 4 4 | ANT CONDITIONS 196. CON 196. CON 196. CON 196. CON 216. TIME HOUR AMINER) 216. PLAC (AT HOME. hospitol) ottended ive on did not) view the bo | CONTRIBUTING TO CONTRI | DEATH BUT H OPERATION DAY YEAR 19 FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN P | MINAL DISEASE OR CON 200 AUTOPSY? YES NOW CITY OR TO | 20b. IF YES, VIN CERTIFY IN YES [RY IN ITEM 18 PART WN 19. | VERE FINDING NG CAUSES C I OR PART 2) COUNTY The distribution of the country o | GS USED DF DEATH? NO STATE |
| MPORTANI: If Hem 21 is morked or Hem 8 shows ony injury, or other | MEDICAL | PART 2. OTHER SIGNIFIC PART 2. OTHER SIGNIFIC 110. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Sow the deceased of obove, (I) (we) (did) (| ANT CONDITIONS IPB. CON IPB. CON | CONTRIBUTING TO CONTRIBUTING TO NOTION FOR WHICH COF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE. The deceased from dy offer death. | DEATH BUT H OPERATION DAY YEAR 19 FARM ETC.) | NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURY 21f. LOCATION STREET 21f. LOCATION STREET DEGREE ATTENDING | MEDICAL STALL | 20b. IF YES, VIN CERTIFY IN YES [RY IN ITEM 18, PART WN 19. 19. 19. 16. 17. 18. | COUNTY 1 OR PART 2) COUNTY 22c. DATE S | GS USED DF DEATH? NO STATE hot (I) (we) I ouses stoted |

dutie. The tipes by the state of the state The mind and the second of the TYPE MARSO RY MAR SIMILAR . I INVESTIGATE CONTRACTOR STATE OF STA

| | E | fre- |
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| | OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 m. e haspital or offending physician. | DIRECTOR. After this certificate has been signed by the ottending physician or discipling the filled in the funeral director in check for use as the buriol-transit permit. Then please remove carbon papers. Page |
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | NG Office | fter os th |
| | ND | R. A |
| | OR ATTENDING PHYSICIAN: The lo | CTO |
| | OR ho | Chec |

| 1003 | 1 | - STATE REGISTRAR | DEPARTA | CERTIFICATE OF DEATH | | | | |
|------------------------------|---------------|--|--|----------------------|--|------------------------------------|------------------------|----------------------------------|
| | | ECEASED NAME FIRST | WIDDIE | | AST | REG NO. | DAY YEAR | 2b. HOUR |
| M Leon y | - | EDETH | HEL PRESTON | 1 | HASSON | | 12 86 | M |
| a bo | 3 5 | EX | 4 RACE | 5. DATE (| | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| urs of o | 1 | Female | White | | 18,1910 | 7.5 Y | RS | |
| 2 hod | 70 1 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIE | D W NEVER MARRIED | 9. BALTIMORE CITY OR COU | NTY OF DEATH | |
| | | Maryland | U.S.A. | WIDOW | DIVORCED [| Cecil | | MD. |
| 11 20 | 10 0 | CITY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 170 USUAL OCCUPATION | | F BUSINESS OR |
| 12 71 | | lising Sun | Calvert Manor N | ursin | ng Home | Homemaker | | Total Control |
| Po Po | 5t 13a | JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP C | | |
| | | ryland Harf | ord Aberdee | n | YES NO X | 802 Paradise | Road/210 | 01 |
| E ESTAD | 11 | ATHER'S NAME FIRST | MIDDLE LAST | | 15. MOTHER'S MAIDEN NAM | MIDDLE | LAS | ,1 |
| | a | | eston | | Agnes | Viola | Carty | r |
| - 1 - 3 / | 160 | | E WAR OR DATES) | | 17 INFORMANT | ADDRESS | | |
| S. Po | | NO N/ | A 217–01–1 | 573 | J.H.Miller,80 | 02 Paradise Rd. | .,Aberdee | <u>n,MD,210</u> 0 |
| nt, # | 10 | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) | ly one couse per line for igi, (b), one | d IC | | 0 1 | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| on phonon remo | | | E CAUSE (o) | MEA | rumma o | Mina | 3 | was. |
| cort cort n, or | | | DUE TO, OR AS A CONSEQUE | NCE OF | | 0 | | 0 |
| otion frour | l A | Conditions, if ony, which gove rise to immediate | (b) | | | | | |
| y the | | couse (o), stoting the underlying couse lost | DUE TO, OR AS A CONSEQUE | NCE OF | | | 74 | |
| ed b | | | (c) | | | | | |
| then to bu | Z | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART 110 | 5 |
| been mit. | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED | | | |
| be ene | H | | | | | YES NOW | ERTIFYING CAUSES | OF DEATH? |
| ysicing cote | - E | 210. ACCIDENT WAS UNDERLYING | the same of the sa | V VEAD | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM | A 18 PART I OR PART 2) | |
| B ph | 1 4 | OR CONTRIBUTING CAUSE OF DEA | 110 | 19 | | | | |
| his come but | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | A DAM EYE \ | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| ter t | > | AT WORK AT WORK | TAT HOME STREET, FACTORY, OFFICE, F | ARM, ETC J | | | , | |
| R. Al | | 27a.1 certify that (I) (this hospital) attended the deceased from \$ -15 , 19 \$ 5 , to 1 - 9 , 19 \$ 6 , that (I) (we) lost | | | | | | |
| Spiro CTO Ifor of h | | sow the deceased alive on, above, (1) (we) (did) (did not | | 56.01 | nd that in (my) (our) opinion o | deoth occurred on the date and | hour and from the | couses stated |
| ched ched ched her | | 226. SIGNATURE | 01 | | DEGREE | | 22c DATE | SIGNED |
| RAL Edeto deto | | ohul | laylor | | MO ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 1-7-1 | 0-86 |
| o FUNERA nould be day | | 226. PHYSICIAN'S NAME (TOO | A | ^ | 22e ADDRESS | , 0 | 100 | |
| who house | | 1/eil | Toylor M | ~ | 1 | sing oun | 8 MI | |
| - E - 0 > 5 (| 230 | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | | Burial | Jan.23,1986 Ro | ck Ru | n Cemetery | Havre de Gra | | rd MD |
| HMH - 16 60M 7/B4 | | FUNERAL DIRECTOR | ADDRESS | | | REC'D. BY REGISTRAR 25b. REC | GISTRAR'S SIGNATI | URE |
| (VRA 15, 4) | Ta | arring Funeral H | ome, P.A, Aberdeer | , MD, 2 | 21001-3399 | B 1 0 1986 | in a new steering | Manda 80 |



| 031 | 127 | | | FOR STATE REGISTRAR | | | | PARTMENT | OF HEALTH A | RYLAND & AND MENTAL I | | REG. N | | 5 5 | | |
|---|--|----|---------------|---|---|----------------------|---------------------|-------------------|-------------------------|-------------------------|-----------|--|----------------|-------------------|----------------------------------|--|
| 61 | m = 1 | 1 | | CEASED NAME OR PRINT) | FIRST | son | MIDDLE | | LI a a 4 la | | 20 | | MONTH | DAY YEAR | 26 HOUR | |
| od y | deo (| | | | мет | | w . | | Heath | | | | 1-22- | | 7:05P M | |
| e e | fer p | | 3 SEX | | | 4 RACE | | | TE OF BIRTH | AY YEAR | 6. A | GE (IN YEARS LAST BIR | HOAY | MONTHS DAYS | HOURS MIN | |
| - 6 | AL A | 1 | 1 | male | | cauca | sıan | | 6-25-2 | 3 | | 62 | YRS | | | |
| | A 77 hou | 6 | | RTHPLACE (STATE OR FOR DUNTRY) Maryla | | 76 CITIZEN OF United | | MA | RRIEDXIX NE | VER MARRIED DIVORCED | | Cecil | R COUNT | Y OF DEATH | MD | |
| (1) | 11/0 | 1 | 10 CI | Elkton | н | | | E STREET ADDRESS | | NSTITUTION | (TY | USUAL OCCUPAT PE OF WORK FOR MOST C Armer & Tr | F WORKING | LEE) INDUSTRY | OF BUSINESS OR | |
| ND 217 | ad blad in | 6 | 13a S | L RESIDENCE (IF NURSIN TATE aryland | 36 COUN | OTHER INSTITUTION | GIVE RESIDENCE | E BEFORE ADMIS | | IDE CITY LIMITS | 3? 13e. | STREET ADDRESS 364 Rick | ett's | s Mill F | Road | |
| A de | 1700 | 2/ | | THER'S NAME | 735 | | -51 1173 | | 15 MOTHER'S MAIDEN NAME | | | | | | | |
| MAR. | LEWIS | | | | | WIDDLE | HEAT | | D | ORIS | | St T | | | | |
| RE. | | | | | | | 16h SOCIA | L SECURITY N | O 17 INFO | RMANT | | M. ADDRI | SS | 1111201 | | |
| OW . | P00 | | (4 | NO NO | (IF YES, GIVE | WAR OR DATEST | 212 | 16 669 | 5 MAR | Y F. HEZ | АТН | ,364 RICK | ETTS | MTLL RD | ELKTON | |
| ALT te b | Per F | | | 18 CAUSE OF DEATH | (Enter an | ly ane cause per | line far (a), | (b), and (c) | | | | | | | MATE INTERVAL ONSET AND DEATH | |
| T., B | physic npope movol. | | | PART I. DEATH WA | SCAUSE | Ď BY E CAUSE (a) | Acu | | 1411 | HRAL | m | IW FAM | 120. | | VIOLI AND SEATH | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE ING PHYSICIAN The low requires that the death certificate by exercise oftending physician. | ding or re | | | | TITLE DIA | | PASACON | | | - 10 1 - 10 10 | | | | | A LUN | |
| STC | ive con | | | Conditions, if ony, | ditions, if any, which (b) CORNA ACONSEQUENCE OF ARTERY DISEASE | | | | | | | | | | | |
| PRE o | the o | 70 | | gave rise to imme | ediote | DUETO | | | | | | | | | | |
| Y tod | by ose | 74 | 73 | underlying cause | | | | | | | | | | | | |
| , 20 | gned in ple burio ry, or | | | PART 2. OTHER SIGN | FICANT | ONDITIONS CO | | | | | | | | | a) | |
| RDS | The The | | CERTIFICATION | | | | | | | | | | | | | |
| ECO | beer mit. | 1 | CAT | 190 DATE OF OPERATI | ON | 19b. COND | ITION FOR V | VHICH OPER | TION WAS P | ERFORMED | 1 | 00 AUTOPSY? | | ES, WERE FINDI | | |
| ALR he l | te has isit pe igiene shows | 1 | E | | | | | | | | 1 | ES NO | | ES [| NO [| |
| VIT N | ronsit Hygie 18 sho | 1 | G | 210. ACCIDENT WAS UNDE | - | 110110 | F INJURY M. MONT | H DAV V | AR 21c. HC | W INJURY OCC | CURRED | (ENTER NATURE OF INJU | RY IN ITEM 18. | PART 1 OR PART 2) | | |
| OF OF | s certification of them | 4 | CAL | OR CONTRIBUTING CA | | P. | | - 110 | 19 | | | | | | | |
| NO SYH | £ . T | 7 | MEDICAL | 216 INJURY OCCURRE | D | 21e. PLACE | OF INJURY | OFFICE, FARM, ET | 211 100 | CATION | | CITY OR TON | /bl | COUNTY | | |
| IVIS Potte | s the | | 2 | AT WORK AT WOR | LE 🗆 | (A) HOME, SI | TEET, PACIONT, C | JEFICE, FARM, EII | | THE ! | | CITORIO | /N | COONT | STATE | |
| 0 0 | Se o se oliti | | | 220.1 certify that (1) | this hospi | tal) attended th | e deceased | from 1 - | 71 | . 19 | 26. | to | - > > | 19 86 | that (I) (we) last | |
| TEN | | | | saw the deceased above, (1) (we) (di | alive an | t) years the hady | atter death | 19 86 | ., and that in | (my) (our) opin | non deat | h accurred an the d | | | | |
| A ATTA | | | | 226. SIGNATURE | A | 12 VIEW INC DUCY | Orier dedill. | | DEGREE | 7 4 4 7 4 | | | | 22c. DATE | SIGNED | |
| AL O | detocloste Dote Dote Dote Dote Dote Dote Dote Do | | | Gener | Du. | (en) | sl. | | | PHYSICIAN | | EDICAL STA | | 1- | 22-86 | |
| SPIT, | A 40 2 | 1 | 8 | 224 PHYSICIAN'S NA | AE (TYPE O | R PRINT) | | | 220 AD | | | | | | - 00 | |
| HO | | 1 | | ROLANDO A | . NA | JERA M. | D. | | 105 | E. MAIN | N ST | ., ELKTON | , MD. | 21921 | | |
| of of of of | ohs ohs | | 23a. B | URIAL, CREMATION, R | EMOVAL | 23b. DATE | _ | 23c NAME | OF CEMETERY | OR CREMATO | RY 2 | 3d. LOCATION | | | | |
| BF | | | {5 | PECIFY BURIAL | | 1/25/8 | 36 | CHERR | A HILL | OR CREMATO | EM. | ELRTON | | CECIL | MD. | |
| | 16 50M 7/77 | ŀ | | NERAL DIRECTOR | 1 | 10 | 11/ | 1. | | 25a. (| DATE REC | D. BY REGISTRAR | 25b. REGIS | TRAR'S SIGNAT | URE | |
| | A 15 (4)) | | HI | cks mome | 200 | ph 6. | Hook | IKTON, | MD. | J | AN 2 | 9 1986 | | entless-190 | indess | |
| | | 1 | | | 10 | | | 115 | | | | | | | | |

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my lour) apinion death accurred on the date and hour and from the causes stated 77v. DATE SIGNED 23¢ NAME OF CEMETERY OR 23m BURIAL 73h DATE CSPECH 74. FUNERAL D&RE DHMH - 16 60M 7/84 (VRA 15, 4)

26 HOUR

12b. KIND OF BUSINESS OR

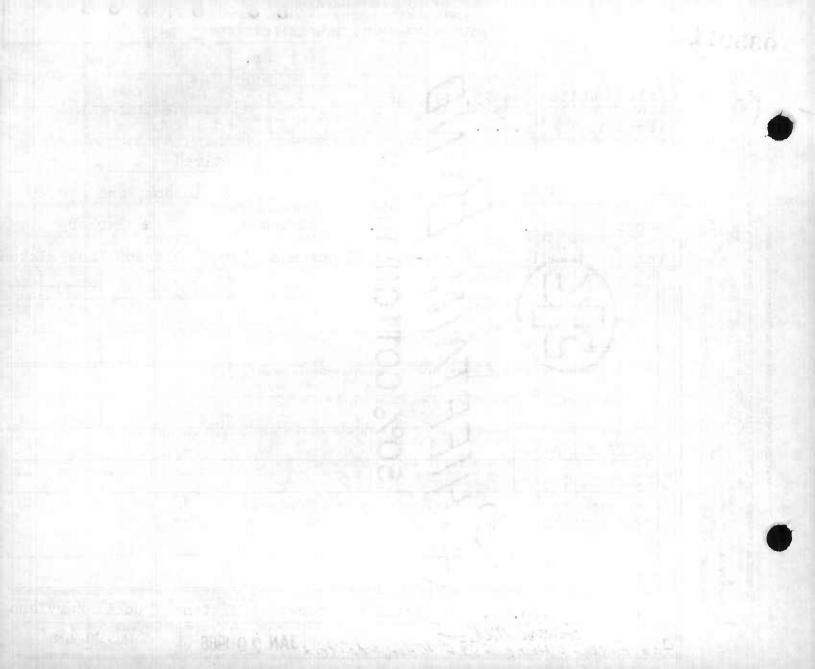
BETWEEN ONSET AND DEATH

6 1986

IF LINDER 1 YEAR

INDUSTRY

| 200 | FOR STATE | | | STA DEPARTMENT OF | | AND MENTAL | NEIENE O | 1 8 6 | 8 | |
|-----------|---|---|-----------------------|--|------------------|-------------------------------------|----------------------------------|-------------------------|------------------------------|-----------------------|
| 35011 | REGISTRAR | | MEI | DICAL EXAMIN | IER'S C | ERTIFICATE | | REG. NO. | | |
| | (TYPE OR PRINT) | ME FIRST | re er | MIDDLE T. | | King | T. PATE KNC OF ES DEATH MA | | 24/19 86 | 2h HOUR |
| | /Male | White | 5. DATE OF BIRTH | 6. AGE (IN Y | ARS IF UN | DER TYR. IF UNDER | | MONTH | DAY YEAR | 24 H3U2 |
| 9 | BIRTHPLACE FOREIGN COUNTS | (STATE OR | | HAT COUNTRY? | In | ED NEVER MARR | ED 9 BALTIMORE | County | | I A M |
| | in city or tow Elkt. | n of death | Union | PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS! HOSpita. | E, OR OTH | | 12ª USUAL OCCUPATION Retired | ON STYPE OF WORK | 26 KIND OF BU OR INDUSTR | |
| | Mary la | | | RESIDENCE BEFORE ADMISS 13. CITY OR TOWN LK ton | ION) | 13d. INSIDE CITY LIMITS? YES NOX | 13. STREET ADDRESS 86 Blos | som Lan | e 2/17 | 1 |
| 1 | George | | T. | King S: | | IS MOTHER'S MAID Gertri | en name Middle | Ва | rber | |
| / | Yes, NO, OR UNI | SED EVER IN U.S. AR NOWN) (15 YES, GIVE WWI | WAR OR DATES) | 214-03-0 | | 17. INFORMANT Suzanne | King 86 B | lossom . | Lane E | lkton |
| | Candi gave couse | DEATH WAS CAUSE | TE CAUSE (a) | | OF | c Cardiova | scular Dise | ase | APPROXIMATE BETWEEN ONSET | INTERVAL AND DEATH |
| | PART 2 OTHE | | | BUT NOT RELATED TO THE TER | | | iRT 1 (a). | | 20 AUTOPSY | |
| 1 | ULINIDEDIVI | NAL CAUSE WAS | | MONTH DAY YEA | R 2Tc HC | OW INJURY OCCURRI | ED (ENTER NATURE OF INJURY II | NITEM IS PART I OR PART | YES 🗆 | NO 🔯 |
| | CONTRIBL 21d INJUR WHILE AT WORK | OCCURRED NOT WHILE AT WORK | 21e PLACE C | OF INJURY (AT HOME, ORY, FARM, ETC.) | | ATION | CITY OR TOWN | COUP | NTY | STATE |
| | death res | ulted fram: Natu | ge of the remains des | cribed abave, held an | Autaps Dicide | Hamicide | Undefermined manner | 2110 | 1/24/ | 86 |
| BALTIMONE | EXAMINER (TYPE OR P | 'S NAME | | auffman, M | .D. | ADDRESS11 | 1 Penn St. | R SIGNED | 1/24/ | 00 |
| | (SPECIFY) Buri 24. FUNERAL DIR | al J | an. 27, 19 | 86 Elkto | | netery | EIKTON REC'D. BY REGISTRAR [7] | Ceci | J | Tand |
| | GEE F | ineral ! | wel Make | go. main | 516 | exten JAN | 2 9 1986 | | - Mande 10 | |



injury, ar ather traumatic event, the medi

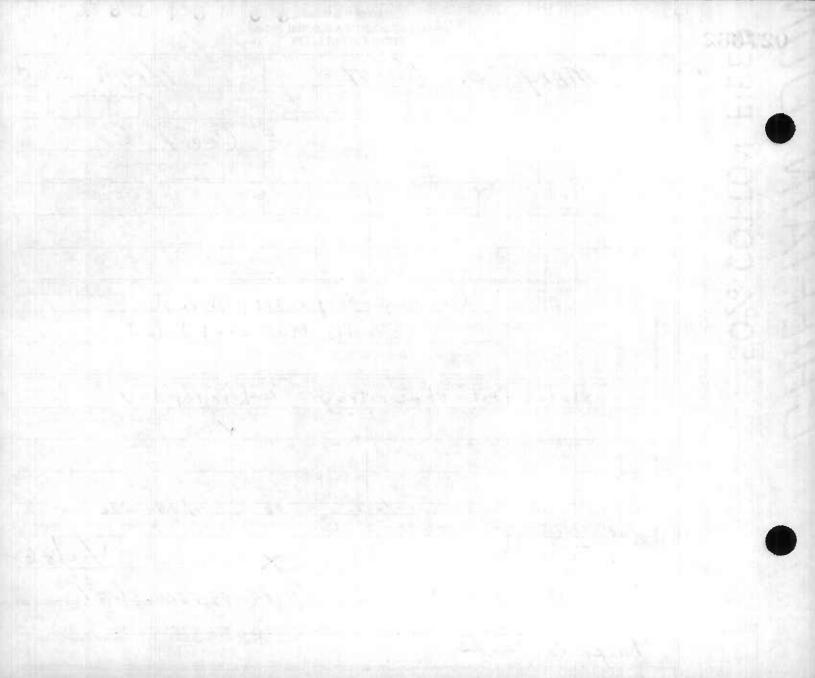
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| | STATE OF MARYLAND |
|-------|---------------------------------------|
| FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIE |
| STATE | CERTIFICATE OF DEATH |

| 8 | -1- | REGISTRAR | | | | CERTII | FICATE OF DEATH | REG. 1 | 40. | | | |
|---|---------------|--------------------------------------|----------------|------------------------------|--------------------------|--------------|-------------------------------|--|-------------------|------------------|-------------|---------|
| 1 | | CEASED NAME OR PRINT) | PAR | 4 7 | B, 9 | Kno | 1AST | 20 DATE OF DEATH | | 4/86 | 26, HOUR | A |
| | 3. SEX | x | Y | RACE | | 5. DATE | OF BIRTH H DAY YEAR | 6. AGE (IN YEARS LAST B | | ONTHS DAYS | # LPIOCE 2 | A FORSE |
| 1 | F | EMALE | | BLACK | | | IST 17, 1922 | | 63 YRS | | | |
| 2 | (| RTHPLACE (STATE OR COUNTRY) ARYTAND | FOREIGN 7 | b. CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOW | ED NEVER MARRIED | BALTIMORE CITY | OR COUNTY | OF DEATH | | MD. |
| | 10 CI | E/KTO | W | I. NAME OF (IF NOT IN SUC | HOSPITAL | ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPA (TYPE OF WORK FOR MOST | OF WORKING LIFE | | F BUSINES | |
| | | AL RESIDENCE (IF NURS | 13b COUNT | | 13c. CITY OR TOW | | 138 INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | 21921 | F 15 | |
| 2 | | RYLAND | CECTI | 1 | ELKTON | | YES NO NO | 1195 AUGU | STINE F | HERMAN | HWY. | |
| 7 | 14 FA | ATHER'S NAME FIRST | M | UDD16 | LAST | | 15. MOTHER'S MAIDEN NA | MIDDLE | | LAS | ī | |
| u | | FENWICK | | NMI | KNOTT | 167 | | | | CAF | TER | |
| 1 | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT ELF | TON, MARYLA | | 921 | | |
| | | NO | | | 216-76-9 | 540_ | MR. HINTZE, | TRECTOR, L | INDSEY | | | |
| | | 18 CAUSE OF DEAT | H (Enter anly | ane couse per | line for (a), (b), an | id (c) | | 1 | - | BETWEEN | MATE INTERV | EATH |
| ď | | PART I. DEATH W | IMMEDIATE | | Card | iac | -Kessirat | ory Arra | 256 | | | |
| | | | | DUE TO O | R AS A CONSEQUI | ENVE OF | V At A | 1 - | - / - | 4 | | |
| | -51 | Canditians, if any | , which | ((b) | K AS A CONSEGO | 109 | sible Myo | candia 1 | _u/garo | | | |
| | | gave rise ta imi | mediote | 10, | | | 1 | | - | | 1146 | |
| | - | underlying couse | | | r as a conseoui | ENCE OF | | | | | | |
| | | PART 2. OTHER SIGI | VIFICANT CO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | I NOT RELATED TO THE TERM | MINAL DISEASE OR COL | VDITION GIVE | N IN PART 1 | n | _ |
| | NO | S | tatu | 5 Pas | | 900 | otomy 6 | 4th Posto | pda | V | | |
| 1 | CERTIFICATION | 19a. DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 20a AUTOPSY? | | WERE FINDIN | | |
| | TIFIC | | | | | | | YES NO | | TING CAUSES | NO T | 19 |
| 1 | CER | 21a. ACCIDENT WAS UN | | 216 TIME C | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 PA | ART 1 OR PART 2) | | 111 |
| 9 | | OR CONTRIBUTING | | " | M. MONTH D. | AY YEAR | 40 - 7 7 7 7 7 7 7 | | | | | |
| | MEDICAL | 21d INJURY OCCUR | | 21e PLACE | | 19 | 211 LOCATION | | | | | |
| ı | ME | WHILE NOT WE | HILE | (AT HOME ST | REET, FACTORY, OFFICE, F | FARM, ETC) | STREET | CITY OR T | NWC | COUNTY | 51. | ATE |
| V | | 22a I certify that | | al) ottended th | e deceased from | 110 | 9/ 10 86 | ta // | 1.4 | 9.86 | that D(w | e) lost |
| | | sow the deceos obove (1) (we) (| | | | 86 .0 | nd that in (my) (our) opinian | death occurred on the | date and haur | | - | |
| | 122 | 22b. SIGNATURE | did) (aid not) | view the body | after death. | | DEGREE | | | 226 DATE | SIGNER | |
| | | A S | mho | Atter | D | 12 | ATTENDING | MEDICAL STA | | 1/ | 6/8 | 6 |
| _ | | 228 PHYSICIAN'S N. | AME LITTE OR | PRINTI | | | PHYSICIAN 222 ADDRESS | DIRECTOR PHYS | CIAN | 1/1 | 7/0 | |
| ļ | | DATO | shi | T | KedA. | n | D Wi | Iming to | 10/. 0 | Del | 1 | |
| | 23a. B | BURIAL, CREMATION, | REMOVAL | 73b DATE | 236.1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | | COUNTY | | ATE. |
| | | EMATION | | 1-16- | 86 R | A FEE | RRIS CREMATORS | | ESTER I | | | NI C |
| | | INTRA DIRECTOR | 6 | 1/. | 4.1 | 1.1.1.1.1 | | TERECIO BEREDISTRA | | | | |
| | HI | CKS HOVE | or Fu | NERALS, | ELKTON, | MD. | 21921 | | 0 | | 11.50 | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

| FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH |
|---------------------------|---|
| REGISTRAR | CERTIFICATE OF DEATH |

| | REGISTRAR | | | | CLIVIII | ICATE OF DEATH | REG. NO. | | | | | |
|--------------|---|---|-------------------------------|------------------------|-----------|----------------------------------|---|---------------------|---|-----------------------------------|--|--|
| | CEASED NAME FIRST MIDDLE E OR PRINT) | | | | ı | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 25 HOUR | | |
| (TYPE | J. | | La | timer | Ly | nch | January | 21 | ,1986 | 4: 10Am | | |
| 3. SE | Х | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST B | IRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS | | |
| | Male | | White | | Dec. | 16, 19, 12 | 73 | YRS. | MONTHS DATS | HOURS MIN. | | |
| | Maryland U.S.A. III OR TOWN OF DEATH Elkton III NAME OF HOSPITAL, NUR 39 North Lo | | | | 8 | D. D. NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | | | |
| IV | | | | | WIDOWE | V | Cecil County | | | | | |
| | | | | | | | 126 USUAL OCCUPATION OF WORK FOR MOST Buyer | | ired in the state of the state | | | |
| 150 16. | at residence if nurs | 135 COUL | | Chesape | | 13d INSIDE CITY LIMITS? | 303 Ban | / ZIP CODI k Str | eet/ | 915 | | |
| 14. F/ | Joseph | Raw | 1°ings | Lÿnch | ı | 15 MOTHER'S MAIDEN NA Luba FIRST | Malvina | | Reed | 1 | | |
| 160 \ | WAS DECEASED EVER | | MED FORCES? | 212-01- | | Thomas Lyn | nch 555 D | | th Rd. | | | |
| (1000) | 18 CAUSE OF DEAT PART I. DEATH W Canditions, if any, gove rise to im- cause (a), statir underlying cause | /AS CAUSE IMMEDIA , which mediate ing the | D BY. TE CAUSE (a) DUE TO, O | line for (a), (b), and | NCE OF | Wancod L | ung Can | vez | APPROX BETWEEN | imaté interval Onset and déath | | |
| Z | | | CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CO | NDITION GIV | VEN IN PART 1 | a | | |
| ERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTI | S, WERE FINDIN | | | |
| ER | 210. ACCIDENT WAS UN | DERLYING T | 7 216. TIME O | FINJURY | St. Us. | 21c. HOW INJURY OCCUR | | | | | | |

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M

AT HOME STREET, FACTORY OFFICE, FARM ETC.)

211. LOCATION

CITY OR TOWN

COUNTY

saw the deceased alive an 2-2 - above, (I) (we) (did) (did not) view the bady after death 226. SIGNATUI

ATTENDING

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

22c DATE SIGNED 1-22-86

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Yogish A. Patel, MD

220 I certify that (I) (this haspital) attended the deceased from

1700 Shallcross Ave, Wilmington, DE

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial

23c NAME OF CEMETERY OR CREMATORY Bethel Cemetery

23d LOCATION CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT

21e PLACE OF INJURY

12-21-

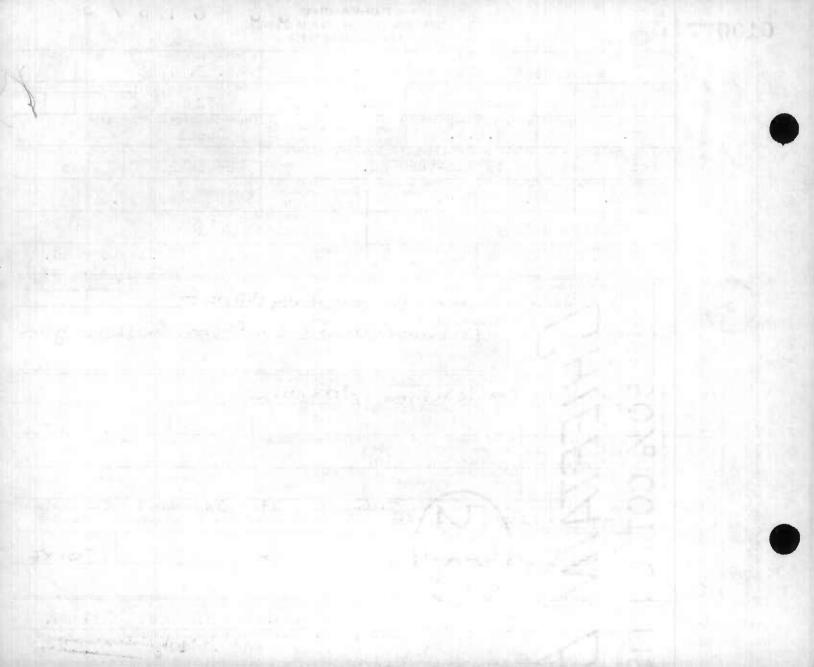
(VRA 15, 4)

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| | | 500 | | STATE OF MARTLAND | 0 0 1 0 | * ** |
|--|---------------|---|--|-------------------------------------|---|---|
| | 11. | FOR STATE | DEPARTI | MENT OF HEALTH AND MENTAL HYO | SIENE | |
| | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| 0240166 | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | PAY YEAR 26 HOUR |
| 0 00 0 | 1 | LAII | OA NMI | Missik | // | 12/86 2300M |
| you good | 3. SE | X | 1 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| of the state of th | 0.02 | E /a | 1.06:1. | MONTH DAY YEAR | 07 | MONTHS DAYS HOURS MIN. |
| Poge Noge | | remale | white | APRIL 5 1888 | 7 / YRS | |
| 6 99 | 7 B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| eot / A | IM | Issouri | U.S. A. | WIDOWED DIVORCED | Lecil | MD. |
| 1 11 2 | 10. C | ITY OR TOWN OF DEATH | | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| - do 51080 | 1 | FIKTBAL | F NOT IN SUCH FACILITY, SIVE STREET | J NURSING HOME | TYPE OF WORK FOR MOST OF WORKING LIFE | E) INDUSTRY |
| 120 2015 | USU | AL RESIDENCE (IF NURSING HOME OF | R OTHER INSTITUTION GIVE RESIDENCE BEFOR | 0 100 | · | 1 |
| 0 2 P pd | 130. | TATE 136 COU | A A A B / 116 | | 13e STREET ADDRESS | A 21120 |
| AN S | 17 | I ARTUANUD ITAK | PORD / MAYKEDEL | | 14122 WEBSTER R | D. 21078 |
| RYI # # # WALLEY | M. E | ATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | WE WIDDLE | LAST |
| WA P THE | 1 | UI | VK | | UNK | |
| RE BE | | WAS DECEASED EVER IN U.S. AF | | IRITY NO. 17 INFORMANT | ADDRESS | |
| MO ex | 1 | YES NO OR UNKNOWN) (IF YES, GI | YE WAR OR DATES! LICY - 21 -1 | 719 PriTH V MANI | IFFE. SAME AS | ABOVE |
| T. od og | | | 11/1 | | IFEL, STITE 1D | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| fr. BAL | | PART I. DEATH WAS CAUSE | nly one couse per line for (b), on DBY: | | | BETWEEN ONSET AND DEATH |
| ST., | | | TE CAUSE (0) Carde | n arrest | | |
| No h ce | | 7 1 1 1 1 1 1 1 | DUE TO ORAS A CONSEQUE | ENCE OF / | | 1 |
| RESTO deat | | Conditions, if ony, which | 1 thereis | Muchan Cardin Visa | la History | Unes 10 mo- |
| | | gove rise to immediate couse (a), stating the | DUE TO OR IS A CONSTRUIT | THE OF H | 1. men a | / |
| W. By the see re see re ather ather | 15 | underlying couse lost. | DUE TO, OR AS A CONSEOU | ENCE OF WILL C | ardiverguly | |
| 201 s th s th s th | | DARK O OTHER CICALIES AND | (c) | DEATH BUT NOT RELATED TO THE TERM | AND A DISTANCE OF CONTRACT OF CONTRACT | SALE LE L |
| bS, aquire sign hen lo bu | z | PART Z OTHER SIGNIFICANT | | | AIN AL DISEASE OR CONDITION GIV | EN IN PART TIO |
| ORD requ | 18 | 101. My | e the p | reuman | Las Augusta Isan Maria | WEDS Shipping |
| SEC s be printed by the second | 2 | 190 DATE OF OPERATION | 196. CONDITION FOR WINCH | OPERATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| At R | CERTIFICATION | | | | | NO 🗆 |
| ON OF VITA TYSKCIAN: TH ding physicicate burial-transit Mental Hygie | Ü | 210 ACCIDENT WAS UNDERLYING | | AY YEAR 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 P. | ART 1 OR PART 2) |
| SKIA ng ph ng ph certifi priditi | 4 | OR CONTRIBUTING CAUSE OF DE | All | 19 | | |
| 5 × 7 × 6 × 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | |
| IVISIC PH offense of the base | X | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFICE, F | ARM, ETC STREET | CITY OR TOWN | COUNTY STATE |
| DIVI or att a After se as the marke | | AT WORK AT WORK | S. D 1.10. 1 | JAH 10 10 85 | 10 2AM 12 | 10 86 that (I) (WE) last |
| | | sow the deceased alive or | ital) attended the deceased from_ | 86 , and that in (my) (our) opinion | | |
| F E 20 5 2 | | obove. (I) (we) (did) (did no | ot) view the body ofter death. | | death occurred on the date and hou | |
| X T X 5 5 5 | | 226. SIGNATIONE | 0 | DEGREE | / | 221. DATE SIGNED |
| 1 - 1 - 0 | | DIWILL ! | tribing | M.D ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 1-12-86 |
| = 0 10 0 0 | 1 | 228 PHYSICIAN'S NAME THE | ferrent) | 22e ADDRESS | | |
| ðig gjaf g | | 1. 11(A1 P) | + HNDREWS | 100 231E M. | A FIRST h | 1 1 62.1 |
| 5 % 5 % M | 730 | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | |
| | 0 | (SPECIFY) | TO CATE | 1 P 11 | CITY ON TOWN | COUNTY D STATE |
| BP | 1.70 | MOVAL I CLEMATION | JAN. 14,1984 F. | H. PERRIS & CO. | MOST CHESTER, CH | EDITOR, YENNA |
| DHMH - 16 50M 4/B2 | 24 F | UNERAL DIRECTOR | A A A ADDRESS | 25e DA | TE REC'D. BY REGISTRAR 356. REGIST | KAK'S SIGNATURE |
| (VRA 15, 4) | 1 | HELING FUNERAL H | OME, P.H. HBERDEEN, | MD 21001-3399 | | |

(VRA 15, 4)



| 036085 | 1 - | FOR STATE REGISTRAR | | 350 | | | | | | |
|---|---------------|--|---|---|--------------------------------|--|--|---------------------------|----------------------------|---------------------------------|
| 1 | 1. DE | CEASED NAME FIRS | T | MIDDLE | LA. | ST | 20. DATE OF DE | EG. NO. ATH MONTH DAY | YEAR | 2b. HOUR |
| 3 31 6 | нтр | OR PRINT) | USAN | CRIPPS | M | ORTON | Jan. | 29,1986 | | 3 PM _M |
| ge 4 mor | 3. SE. | | Whit | 11010 | 5. DATE OF MONTH | - 4.1956 | 6. AGE (IN YEARS | WON | THS DAYS | IF UNDER 24 HRS HOURS MIN. |
| nerol direction 72 hou | 7a. 8 | RTHPLACE (STATE OR FOREIGN TOWNTRY) New Jerse | y 76. CITIZEN OF | WHAT COUNTRY | 2 8 | NEVER MARRIED | 9. BALTIMORE C | 11 OR COUNTY OF | DEATH | MD. |
| s offer d | 110 C | iv or town of DEATH 1kton-Rura | 11. NAME OF | HOSPITAL, NURSI CHEACHITY, GIVE STREE CATLETT | T ADDRESS) | t t | 120. USUAL OCC (TYPE OF WORK FOR Medic | MOST OF WORKING LIFE) | 126. KIND OF INDUSTRY Hea. | BUSINESS OR 1th |
| AND 212 | Ma | ryland | Cecil | GIVE RESIDENCE BEFO 13c. CITY OR TOV E1kto | | 13d. INSIDE CITY LIMITS? YES NO K | | carlett (| Court | 1921 |
| omofilities within | | THER'S NAME FIRST George | MIDDLE S. | Crip | ps | is mother's maiden no Virgi | nia " | DDLE | Bra | |
| BALTIMORE cote be execu- cote be execu- ppers. Pages vol. | | VAS DECEASED EVER IN U. (ES, NO OF UNKNOWN) (IF) | S. ARMED FORCES? ES. GIVE WAR OR DATES) | 139-52 | URITY NO. | Craig P. | Morton | ADDRESS Elkto 104 Scar | lett | Court, |
| es that the death certificate by the attending phylogist remove carbon puriol, cremation, ar remove, or ather traumatic event, or ather traumatic event. | NOI | Conditions, if any, whi gove rise to immedia cause 10), stafing t underlying cause lo | DUE TO, C the (b) DUE TO, C DUE TO, C DUE TO, C (c) (c) | OR AS A CONSEOU NASO DR AS A CONSEOU | JENCE OF Charyn JENCE OF | Arrest geal Carci | | R CONDITION GIVEN | | NATE INTERVAL NSET AND DEATH |
| ALRECO ALRECO ALRECO The law r ion. The law r ion. The law r ion. The law r ion. | CERTIFICATION | 19a. DATE OF OPERATION | | OTTION FOR WHICE | H OPERATION | WAS PERFORMED | | YES [| G CAUSES C | |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wer this certificate been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior ta b orked or them 18 shows any injury | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK AT WORK | OF DEATH HOUR A | | DAY YEAR 19 | 216 HOW INJURY OCCUI | | OF INJURY IN ITEM 18 PART | OR PART 2) | STATE |
| HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR MINE State Dept. of Head ONTANT: If hem 21 is m | | 220.1 certify that (I) (this saw the deceased all above, (I) (we) (did) (c) 22b. SIGNATURE | hospital) attended the ve on January lid not) view the body | ofter deoth. | | d that in (my) (our) apiniar EGREE ATTENDING PHYSICIAN 22. ADDRESS 665 Churc | MEDICAL DIRECTOR | STAFF PHYSICIAN [| 22c. DATE S 1/29 | /86 19711 |
| Bb | | SURIAL, CREMATION, REMI | 23b. DATE 1/30 | | | METERY OR CREMATORY | | ngton Ne | | |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 24 F | UNERAL DIRECTOR | Bolers | ADDRESS YOUR ADDRESS | ih D | | TE REC'D. BY REGI | STRAR 25b. REGISTRAI | R'S SIGNATU | RE |

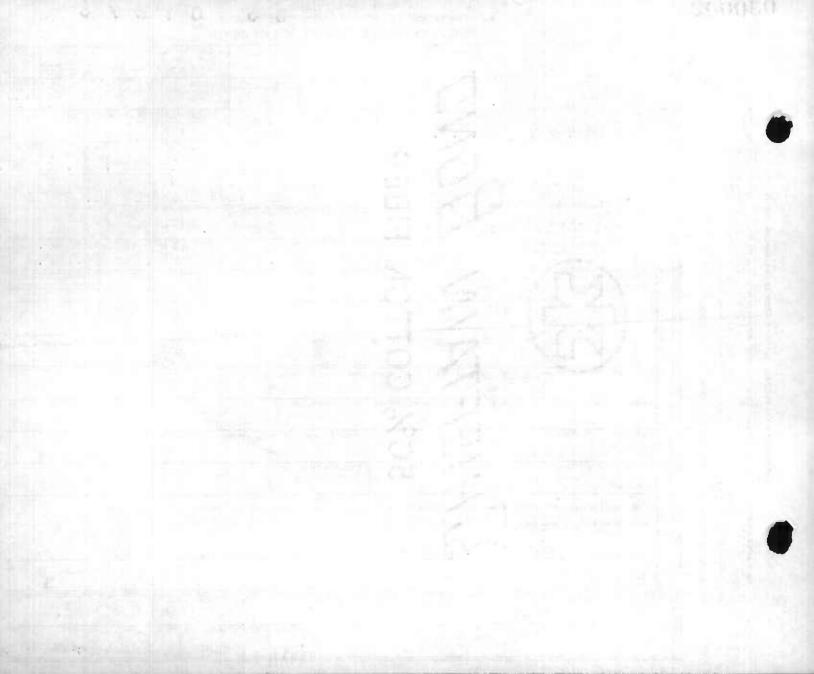
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| | | OR STATE | | | | MENT OF | HEALTH | | ENCAL H | | 0 | i | 8 / | Ċ | | |
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| 019 | | REGISTRAR | FIRST | WE | MIDDLE | EXAMIN | EK.2 | | CATEO | | | REG. | | | | |
| | | EASED NAME OR PRINT) | Char | eles | T | | Na | atoli | | 2 | OF DEATH | ESTI- | MONTH | | YEAR 1986 | 26. HOUR |
| AND 3 TO THE FUNERAL DIRECTOR. HOLLD BE FILED, WITHIN 72 HOURS RECORDS, 20 W. PRESTON STREET, | 3 SEX | | A. RACE Caucasia | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YEA LAST BIRTHDA 45 YR | Y) MONT | DER TYR. | IF UNDER 2 | | c. DATE RONOUN DEAD | CED | нтиом | | YEAR 19 S 6 | 2d. HOUR 1845 _M |
| WITHIN YOUR YOUR WITHIN | 7a BI | RTHPLACE (ST. | | 7b. CITIZEN OF W | | TRY? | | | VER MARRIE DIVORCEI | DLA | - | ORE CIT | Coun | | EATH | MD. |
| FILED. | | ry or town o lkton | OF DEATH | II. NAME OF HO | SPITAL NU | RSING HOME | , OR OTH | ER INSTITU | TION | Tea USU | ALOCCUP OST OF WORK AChe: | ATION (| TYPE OF WORK | ORI | DOF BUS INDUSTR | INESS |
| HOUR S | USUA 13e S | | 13h COUN | OR OTHER INSTITUTION, G NTY C11 | 13c. CITY | OR TOWN Sing S | | 13d. INSIDE (| NO NO | 13e STREI 20 | et addres 7 Wal | ss nut | Garde | n Roa | 2/4 | 511 |
| 1 | 14. FA | THER'S NAME L'h'Omas | | MIDDLE | N | ätoli | | 15. MOTHE Ma | er's maiden Piana | N NAME | MI | DDLE | Ste | ella" | AST | |
| 1/ | 16a V | AS DECEASED | EVER IN U.S. AR | MED FORCES? E WAR OR DATES) | | nown | NO. | Salva | atore | Na | toli | ADDRE 115 | | 11th | n _D St | |
| CREMATION, OR REMOVAL | | Canditian gave ris | ATH WAS CAUSE IMMEDIA s, if any, which to immediate | DUE TO, OI | cute | Myo Co NSEQUENCE CO ten si | ord or | ial | In fa | erct, | 'on | | | BETWE | PROXIMATE EEN ONSET | INTERVAL AND DEATH |
| 5 270 | NO | lying cau | | CONTRIBUTING TO DEATH | | ATED TO THE TERM | | E OR CONDITIO | N GIVEN IN PART | T I to | | | | | | |
| 5 | CERTIFICATION | 190. DATE OF | OPERATION | 196 COND | ITION FOR | WHICH OPER | ATION W | AS PERFOR | MED? | | | 75 | | | UTOPSY? | NO 4 |
| | | UNDERLYING CONTRIBUTION | G CAUSE OF | DEATH P. | M. MONTH | 19 | | | OCCURRED |) (ENTER NA | ATURE OF INJU | URY IN ITEM | A 18 PART 1 OR I | | | |
| | MEDICAL | 21d. INJURY O WHILE AT WORK | | | OF INJURY | | | CATION | | | CITY OR FOW | VΝ | c | COUNTY | | STATE |
| | | 22a certif death resulte | | ge of the remains de | Accident | | Autap | , Hamie | cide . | | Inquiry | nner [| and in my o | apınıan | , , | |
| BALMORE, MARYLAND, 2 | | ACTUAL SIGNATURE_ | | Her | vry! | Sark | ,M | .D | PECIFY | A 357 | - Pe | NER Y | DATE | | 16/86 | ! |
| YA. | | EXAMINER'S I | IT) | Henry F | -arl | 465, | פת | ADDRESS_ | Unis | m H. | osp. | 40 | ecil | Cou | -ty | |
| = 4 B | - {5 | Buria | 2 | Jan. 21, | 1986 | Gethe | | | | | รู้ที่ อื่นว | | Ber | | Pa. | NTE |
| H - 17 5 ME (5)) | - | INERAL DIRECT | peral H | AUTICA AGORES | E m | aun St | ELF | ter mi | IAN O | EC'D. BY | REGISTRAI | R 25b RE | EGISTRAR'S | SIGNATU | JRE | er |
| 20M 4/B2 | | - FIII | To Later Later | Utile A.I.I. | - 17/ | 7- 91 | | | C. C. | - | / | | | | | 5 |

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|--|-----------|------------------------------|--------------------------------|-----------------------------|--------------|-----------------|--------------|-----------------------|------------------|-------------------------------|------------------|------------------------------------|
| | 1 - STA | TE | | | | | | | TE OF DE | ATH | 7146 | |
| | | SED NAME | FIRST | 74121 | MIDDLE | EXAMIN | | AST | TE OF DE | 26. DATE KNOWN | | DAY YEAR Zh HOUR |
| w h | (TYPE OR | | CHITDI | E27 D | | | D.71 | DIC | | OF ESTI- | m . | |
| EET PIESS | 3 SEX | 14 | SHIRL | EY R. | | 6 AGE (IN YE | | RKS DER 1 YR TIE | UNDER 24 HR | | MONTH | 16 19 86 M |
| ATH AN IS NECESSARY, PLEASE ATH CONTROL OF THE CONT | Fema | | White | MONTH DAY | YEAR 14 | LAST BIRTHO | Y) MONTH | | OURS MIN | PRONOUNCED DE AD | 1 1 | 16 19 86 5:25 A |
| SSAB SSAB MIN HIN | 7a. BIRTH | PLACE (SIA | | 76. CITIZEN OF WE | | | 0 | D DA MENED | R MARRIED [| 9. BALTIMORE CITY | | |
| SAN DE SA | | the (| Cty. Va | . U.S | 5.A. | | WIDOW | | DIVORCED [| Cecil Co | intv | MD. |
| SHAPE STATE | | OR TOWN O | | 11. NAME OF HOS | PITAL, NU | RSING HOME | , OR OTHE | R INSTITUTIO | N 12a, U | ISUAL OCCUPATION (T | | 26 KIND OF BUSINESS OR INDUSTRY |
| 1000 | | ton | | Union | Hospi | tal | | | C | afeteria | Wker | Bd. of Ed. |
| ORCIO | USUAL RI | | | R OTHER INSTITUTION, GF | VE RESIDENCE | BEFORE ADMISSI | (NC | 13d INSIDE CITY L | LIMITS? 13e S | TREET ADDRESS | | |
| | | d. | Cec | il | Por | or town Depo | sit | | | TREET ADDRESS 471 Theod | ore R | d. 21904 |
| L SPATE | | er's NAME FIRST Cobert | T D: | MIDDLE | | LAST | | 15. MOTHER'S FIRST | MAIDEN NA | MIDDLE | | LAST |
| O A P P P P P P P P P P P P P P P P P P | | | | hardson | Tour con | TALL SECTIONS | 1110 | 17 INFORMA | Sara | | | |
| BALTIMORE S. AFTER DEA GIVE PAGES GIVE PAGES ITH FORM F ITH FORM F IVISION OF | LYES N | O, OR UNKNOW | EVER IN U.S. ARA | WAR OR DATES | | 3-46-2 | | 17 INFORMAN | | rks Port | | ore Rd. |
| | | | DEATHE | | | | | ooer | n. ra | TKS FOI C | Depos. | APPROXIMATE INTERVAL |
| W. PRESTON ST., w. WITHIN 24 HOUE FINCIL IN ITEM 18. MINER ALONG W M MINER ALONG W M MINER ALONG W M MINER ALONG W M M M M M M M M M M M M M M M M M M M | 18 | PART I DEA | TH WAS CALISED | y one cause per line BY: | | | 13 | 7.4 | | | | BETWEEN ONSET AND DEATH |
| STON SI N 24 HO N ITEM I ALONG IIT PERM YCGIENE | | | IMMEDIAT | E CAUSE (a) C | | SIS OF | | liver | | | | |
| 101 W. PRESTON TED WITHIN 24 IN PENCIL IN ITER XAMINER ALON ARI.—TRANSIT PER MENTEL HYGEIN N, OR REMOVA | | | , if any, which | | | | | | | | | |
| W. P. E. WIT AND TRANSPORTED OF R. P. | | cause (a) st | to immediate toting the under- | DUE TO, OR | AS A CON | ISEQUENCE (|)F | | | | | |
| | | lying cause | last. | (c) | | 7 | | | | | | |
| ECORDS, 201 DE EXECUTEI ENDING" IN I MEDICAL EXA METHAND M ALTH AND M CREMATION, | | RT 2 OTHER SIGN | IFICANT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELA | TEO TO THE TERM | INAL DISEASE | OR CONDITION GIV | VEN IN PART T IG | | | |
| RECORDS, D BE EXEC PENDING MEDICAL AS A BUR EALTH AN CREMATI | NO NO | | | | | 1 | | | | | | |
| ITAL RECORI HOULD BE B RRD "PENDIN THEF MEDIC USED AS A OF HEALTH. | A 196 | . DATE OF C | PERATION | 196 CONDIT | ION FOR | WHICH OPER | ATION W | AS PERFORME | D? | | | 28 AUTOPSY? |
| PEVITAL R WORD "P HE CHIEF O BE USED ENT OF HE | E | EVERNIAL | CALICEVALA | | | 13/2 | | | | | | YES X NO |
| P PATTONO | 2 UN | DERLYING | CAUSE WAS | 21b. TIME OF HOUR A.M | | DAY YEAR | | W INJURY OC | CURRED (ENTI | ER NATURE OF INJURY IN ITEM I | 8 PART 1 OR PART | 2 |
| CERTIFIC TING THOSED TO 3 SHOW I PRIOR | S CC | NTRIBUTING | G CAUSE OF D | P,M | | 19 | 211 LOC | ATION | | | | |
| - 5220EV | | HILE | NOT WHILE | STREET FACT | ORY, FARM, E | | | REET | | CITY OR TOWN | COUN | NTY STATE |
| R: TH ORWY R: PA E STA D, 21 | | 22a. L certify | that I taak charai | e of the remains des | cribed aba | ve held an | Autops | y X In | spection . | Inquiry | and in my opin | 2/00 |
| EXAMINER: CERTIFICATION OULD BE FOR | d | eath resulted | | al causes X | Accident | | cide . | Hamicide | | determined manner | , | |
| WARY WARY | 100 | 2007 | A | 100 | 7 | | - | TITLE (SPEC | | | | |
| A HOUSE | SK | TUAL SNATURE | - (1) | MAN | Y | | M. | Assis | stant MI | EDICAL EXAMINER | DATE SIGNED | 1-17-86 |
| MONE SELECTION OF | EX | AMINER'S N | AME Ann N | 4. Dixon, | M D | | | 1. | 11 Donr | C+ Bal+ | o MD | 21201 |
| TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN | | PE OR PRINT | | | | JAME OF CEA | | | 234 | St., Balto | | 21201 |
| 07/84 BP | (SPECI | Buriz RALDIRECTO | 9 7 | 1-19-06 | L.C. | alvar | y Ba | CREMATORY ptist | R | ising Sun | Cecci | 1 Md. STATE |
| 25M DHMH - 17 | 24 FUNE | PO PIEGO | ch Fune | ral Hom | e No | rth E | last | Md 25a. | DATE REC'D. | BY REGISTRAR 256 REC | | |
| (VR A15 ME (5)) | | | | | | | , | Ma | 11100 | 1986 Julia | Devidson- | - Parolessa |
| | | | | | | | | | | | | |



STATE

REGISTRAR DECEASED NAM THEY CONTRIBUTE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | | | CERTIFICA | TE OF DEATH | REG. 1 | | | Exist I | | |
|------------|---------|------------|------------------|----------------|---------------|-------------------------|----------|---------|---------|----------|--------|
| E | FIRST | | MIDDLE | LAST | | 20. DATE OF DEATH | MONTH | DAY | YEAR | 26 HOL | JR |
| 9.11 | LEIT | HER | v. | PRIC | E | JANUARY | 9. | 1986 | | 6.03 | a.M |
| | | 4 RACE | | 5. DATE OF BIR | TH | 6. AGE (IN YEARS LAST B | RTHDAY] | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| | | Whit | :0 | August | 17,1903 | 82 | YRS | MONTHS | DAYS | HOURS | MIN. |
| STATE OR F | FOREIGN | 76 CITIZEN | OF WHAT COUNTRY? | MARRIED [] | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DE | ATH | | |
| arol | lina | Co. | USA | WIDOWED | | Ceci | 1 | | | | MD |

| Ì | Female | White | | igust 17 | 1903 | 82 | YRS | ONTHS DAYS | MOURS | MIN |
|---|---|-------------------------|---|---------------------|--------------|---------------------|----------|------------|------------|-------|
| j | BIRTHPLACE (STATE OR FOREIGN | | | RIED NEVER | MARRIED - | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | | |
| | North Carolina | US | A WIDO | WED D | IVORCED | Ceci | 1 | | | N |
| 1 | 10. CITY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSING HOM H FACILITY, GIVE STREET ADDRESS! | | TITUTION | 120. USUAL OCCUPATI | | | OF BUSIN | ESS O |
| 9 | Elkton | U | nion Hospita | 1 | | Homemaker | | | | |
| ſ | UAL RESIDENCE (IF NURSING HO) | ME OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE ADMISSE 13c. CITY OR TOWN | ON) 13d INSIDE (| CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | | |
| d | Maryland | Cecil | Elkton | YES 🗌 | NO T | 10 Otter | Point | Road | 210 | 921 |
| / | HE FATHER'S NAME | MIDDLE | LAST | 15. MOTHER | S MAIDEN NA | ME | | 1 | AST | |
| ŕ | Hilton | L. | Lewis | | Cosco | - | | I | ewis | |
| 7 | 160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE | S. GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO | | ANT | ADDRE | ŠS | | | |
| J | No. | | 226-16-1055 | Mrs. | Ava Z. | Sturgill, F | Elkton | Md. | 2192 | 1 |
| | 18 CAUSE OF DEATH Enter PART I. DEATH WAS CA | | Remul | 08 | سقطر | | | APPRO | NONSET AND | RVAL |
| d | INVIVE | DIA, E CAOSE (0) | | 7 1 | 1. | KITTI THE LT | | | | |

ASCVD Canditians, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERAT | 20a AUT | OPSY? | 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | |
|--|---|--------------|---------------|---|--------------------------------|------|
| | | | YES 🗌 | NO | YES 🗌 | NO 🗌 |
| 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19 | | JRRED (ENTERN | ATURE OF INJU | RY IN ITEM IS PART I OR PART 2 | 7) |
| 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | | | |

CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 22a I certify that (Rithis hospital) attended the deceased from nd that in (my) (our) apinian death occurred on the date and hour and from the causes stated

now the deceased alive on share the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO PHYSICIAN TO

un 276 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

Hsu 23e. BURIAL, CREMATION, REMOVAL 73h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

CITY OR TOWN

COUNTY

Virginia

STATE

BP Knoll Kreg Cemetery Buria Abingdon 74 FLINERAL D ELKTON, MD. 21921

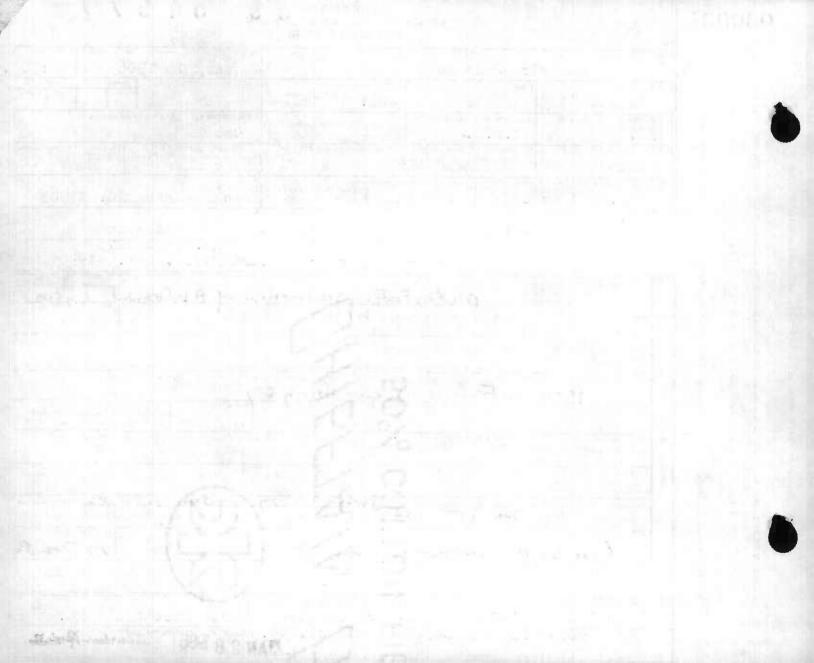
DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

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| JANUARAL W, 1986 L.F. a. | , Am | V JUITE | |
| 62 | Cocust 17, 1903 | 0315 | election |
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| nomen ker | Included to | Lint . | 003 L |
| 10 Setor Point Road -21921 | in anothin | Lec11: 1 | hnaiv m. |
| 1,001 | Lewis | | 01.1 |
| . stargill, Elkton, 1d. 21921 | 26-16-1055 New Lya | 2 | OL. |
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| me fan Few Ede | | | |
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| X 1-9-16 | | | |
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| r ingdon, irelaim | .noll/ 38, Caseb | E-1/-1 | Sarah Caral |

| 4052 | 1- | FOR STATE REGISTRAR | | | DEPARTM | ENT OF H | OF MARYLAND EALTH AND MENTAL HTG ICATE OF DEATH | REG. N | 1 8 | 7 8 | . 4 |
|--|------------------|--|--|--|-------------------------|--|--|---------------------------|---------------------------------------|--------------|-----------------|
| 31.03% | | CEASED NAME FIRS | 51 | ٨ | NIDDLE | L | AST | 20. DATE OF DEATH | | YEAR | 2h HOUR |
| oge 3 | (,,,,, | war and the same of the same o | WREN | ICE J | | REDE | | January 2 | 21, 1986 | 5 | 1:50pm |
| mo) | 3 SE | X | 4 | RACE | | S. DATE O | | 6 AGE (IN YEARS LAST BIR | THDAY) IF I | INDER I YEAR | IF UNDER 24 HRS |
| 4 95 | MALE | | | TT C A MARRIED | | 25, 1898 | 87 | YRS | DATS | HOURS MIN. | |
| THE BIRTHPLACE (STATE OR FOREKE PENNSYLVANIA | | N 71 | MARRIEI WIDOWE | | | NEVER MARRIED DO | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | MD | |
| 110 | Perry Point, Md. | | | 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION | | | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PERSONNEL DIRECTOR—COAL CO. | | | | |
| Hilled South | | | | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY NGTON 13c. CITY OR TOWN N/A | | 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CO 1600 S. JOYCE | | ZIP CODE | CODE TUNN | | |
| and the same | U | THER'S NAME FIRST HENRY | MI | DDLE | REDDING | | 15 MOTHER'S MAIDEN NAME FIRST CATHERIN | WIDDLE | | CURRY | |
| 2 24 34 | | WAS DECEASED EVER IN U.S. AR | | ED FORCES? | 16h SOCIAL SECUI | RITY NO. | 17 INFORMANT | 7 INFORMANT ADDRESS | | - 10 | |
| | | | .W. | | 177-01- | 2062 | CATHARINE R. | CALVERT-16 | 00 S. J | OYCE | ST. ARL, |
| the date of the country of the count | | Conditions, if any, while gove rise to immedio couse (a), stating the underlying cause land | ch te he | DUE TO, OR (b) DUE TO, OR (c) | | NCE OF infa | rction otic hypertens | | | | |
| 1 658 6 | | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | F | |
| (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | O | Parkins | | | | | | | | S | |
| The lo- tion. | RTIFICAT | 19a. DATE OF OPERATION | | | | OPERATION | N WAS PERFORMED | 200 AUTOPSY? YES □ NO 🏡 | 20b. IF YES, W IN CERTIFYIN YES | G CAUSES | |
| SSCIAN. | MEDICAL CERTI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED | OF DE ATH | 21b. TIME OF HOUR A.A P.A 21e PLACE C | A. MONTH DA | Y YEAR | 21c HOW INJURY OCCURR | ED (ENTER MATURE OF INJUI | RY IN ITEM 18 PART | OR PART 2) | |
| NG PH Cher th co the th | ME | WHILE NOT WHILE AT WORK | | (AT HOME STRE | ET, FACTORY, OFFICE, FA | | STREET | CITY OR TO | | COUNTY | STATE |
| CTOR June of Head | | 270. I certify that XI (this hospital) attended the deceased from December 26, 185 to January 21, 1986 have the solution of the date and hour and from the causes stated allowe, (1) (we) (glid) (did not view the body after death | | | | | | | | | |
| TAL OR TAL OR TAL OR TAL DIRE AND DEDUCTOR MORE DEDUCTOR MORE DEDUCTOR TALL OR | | 22b. SIGNATURE | lec | en Or | 1/3 /12 | 5 | ATTENDING PHYSICIAN | MEDICAL STAP | F IAN 🛣 | 1-2] | SIGNED L-86 |
| tuned to Fund the Manual to Fund to Fund the Manual to Fund to | | JULIAN OC | | | / - | | VA Medical | Center, Pe | rry Poi | nt, M | 1. |
| 0000 | 23a E | SURIAL, CREMATION, REMO | JAVC | 23b. DATE | | | METERY OR CREMATORY | 23d LOCATION | | DUNTY | STATE |
| 98P144 | В | URIAL | | JAN.24 | ,1986 QU | ANTIC | O NAT'L. CEM. | QUANTI | co, vi | RGINIA | |
| DHMH - 16 60M 7/84 | | INERAL DIRECTOR | eral | Hame, | Arlingto | n, VA | 25e DATE | REC D. BY REGISTRAR | 25b. REGISTRAF | 'S SIGNATI | URE |

/\/DA 16 4\



0100

| 78 | FOR 1 - STATE | STATE OF MARYLAND S 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH |
|----|------------------|--|
| | REGISTRAN | AUODIE 1457 |

Nancy S. Roney

Female

To BIRTHPLACE (STATE OR FOREIGN

ID CITY OR TOWN OF DEATH

Elkton

COUNTER A

14 FATHER'S NAME

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
Md. 131 COUNTY
130 COUNTY
130 TATE
131 COUNTY
130 TATE
130 TATE
131 TATE
131

Norman Davis Smith

I IF YES GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

22a certify that (1) (this haspital) attended the deceased fram_

saw the deceased olive on January 3 19 86 abave, (It (we) (did) (did nat) view the body after death.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DE ATH WAS CAUSED BY

NOT WHILE

22b. SIGNATURE

Conditions, if ony, which gove rise to immediate

White

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

REG. NO 2b. HOUR January 4, 1986 4:50 MA. & AGE LIN YEARS LAST BIRTHDAY June 13, 1916 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Cecil 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Homemaker Home 79 TREF ADDRESS / ZIP CODE 21901 15. MOTHER'S MAIDEN NAME FIRST Sayre Alician Perry 1200 Valley Forge Dr. James A. Roney North East. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

| underlying couse last | DUE TO, OR AS A CONSEQUENCE OF | | | | |
|---|--|-------------------------|--------------------------|---|--------|
| , | ELESA FOR SMOW, | | A | Provon Comment | Prison |
| | 196 CONDITION FOR WHICH OPERATIO | | 200 AUTOPSY? | 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF | USED |
| () ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c HOW INJURY OCCURRED | O (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART 2) | |
| 11 INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | CITY OR LOV | VN COUNTY | STATE |

DEGREE

22e ADDRESS

17 INFORMANT

5. DATE OF BIRTH

WIDOWED T

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Union Hospital

North East

166 SOCIAL SECURITY NO

DUE TO, OR AS A CONSEQUENCE OF

217-54-7614

DHMH - 16 60M 7/84

should be detoo with the State [IMPORTANT. IF

24 FUNERAL DRECTOLEH Funeral Home ONorth East, Md 250 DAILAND BY (VRA 15, 4)

CERTIFICATION

MEDICAL

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 1-7-86 North East Meth.

23d LOCATION

MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN

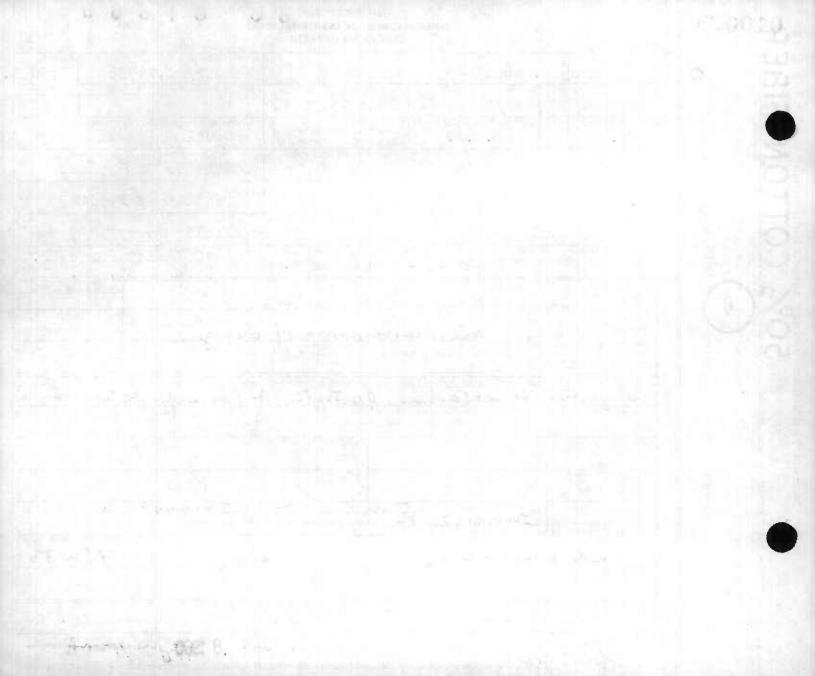
ATTENDING

22c DATE SIGNED

10 5 100 many 4 10 86

and that in (my) (our) opinian death occurred on the date and hour and from the causes stated

North East Cectil Md. STATE



DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE REGISTRAR

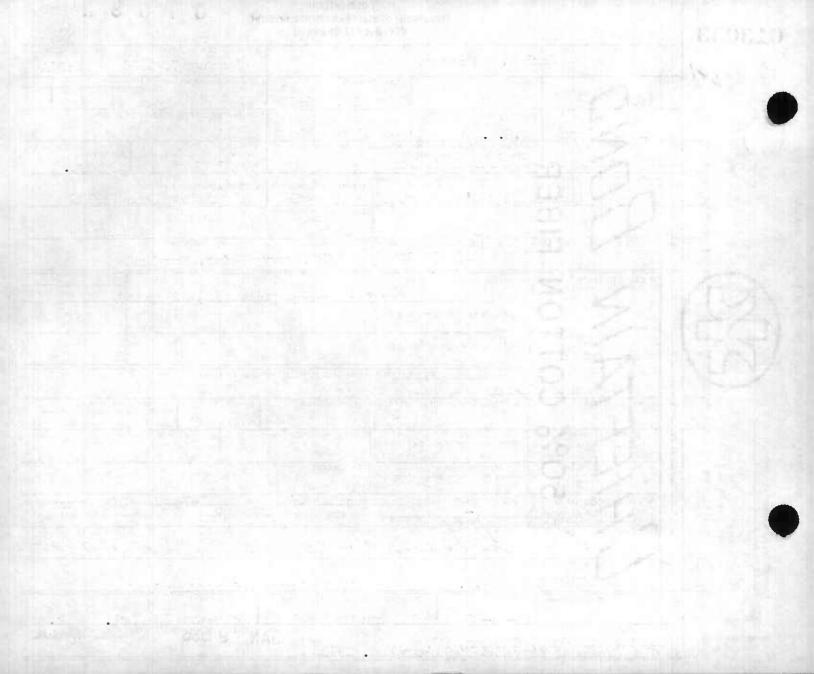
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN? CERTIFICATE OF DEATH

| 0 | 3 | 3 |
|---|---|---|
| | | |

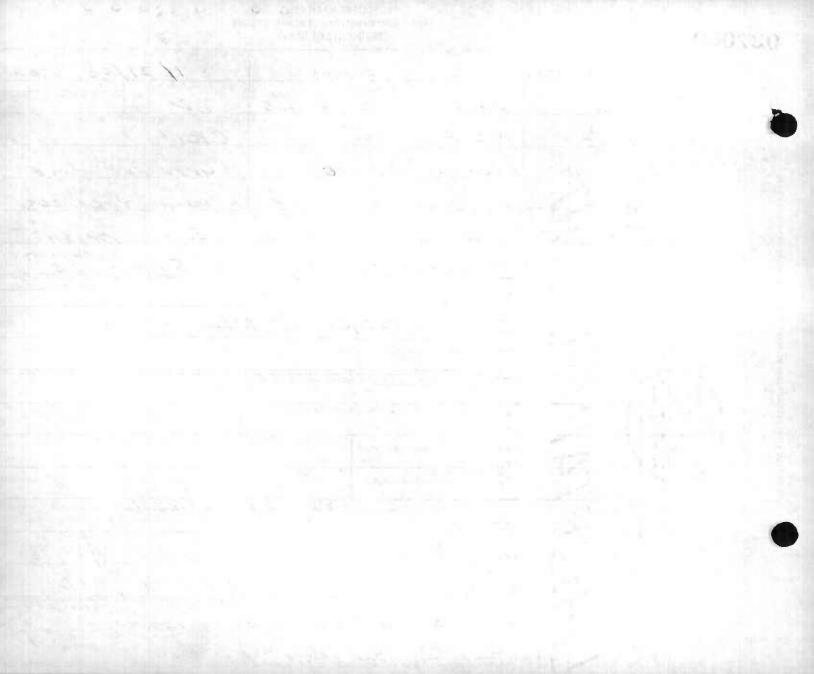
| 1. DE | ECEASED NAME FIRST | MIDDLE | | LAST | 20. DATE OF DEATH | | YEAR 26 HOUR |
|---------------|---|-----------------------------------|---------------------|----------------------------|-----------------------------|-----------------------|---|
| 100 | JOSEPH | В. | ROSSIT | ER | JANUARY 12 | . 1986 | 12:40P M |
| 3.58 | | 4. RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER | I YEAR IF UNDER 24 HRS |
| 2 | W-2- | 171-24- | MONT | | | MONTHS | DAYS HOURS MIN. |
| 70 B | Male BIRTHPLACE (STATE OR FOREIGN | White | JNTRY? 8 | 24 1895 | BALTIMORE CITY O | OR COUNTY OF DEA | ATH |
| 1 | COUNTRY | | MARRIE | NEVER MARRIED | | ecil | |
| TOX | Delaware | USA | NURSING HOME | | 120 USUAL OCCUPATI | ION 126 K | MD (IND OF BUSINESS OR.) |
| | ERRY POINT, MD | VA MEDICAL (| CENTER | | Core Maker | OF WORKING LIFE) INDU | d & Scott Bras |
| ÚŚU | JAL RESIDENCE HE NURSING HOME C | PROTHER INSTITUTION, GIVE RESIDEN | | \$13d. INSIDE CITY LIMITS? | 13 STREET ADDRESS | ZIP CODE | 14400 |
| 0 | | 3 / | Castle | YES NO | 43 Queen | | 720 |
| | ATHER'S NAME | WIDDLE | AST | 15. MOTHER'S MAIDEN N | | | |
| 1 | Joseph | | ssiter | Hannamar | y | | Wells |
| | WAS DECEASED EVER IN U.S. A | | AL SECURITY NO. | 17 INFORMANT | ADDRE | SS | |
| | | 8 -1/23/19 221-0 | 01-9903 | Margaret E. Gur | nther, 43 Queen | | |
| | PART I. DEATH WAS CAUS | inly one cause per line far (a) | | | | BE | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| | | TE CAUSE (a) CARD | IO-PULMON | NARY ARREST | | 1 94 | |
| | | DUE TO, OR AS A COM | NSEQUENCE OF | | | | |
| | Canditions, if any, which | ((b) | | | | | |
| | gove rise to immediate cause (a), stating the | DUE TO, OR AS A COM | NISEONENICE OF | | | | 1 196 |
| | underlying cause lost. | DOE TO, OR AS A COT | 43EOUEINCE OF | | | 1 | |
| | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BU | NOT RELATED TO THE TER | RMINAL DISEASE OR CON | DITION GIVEN IN P | ART lia |
| Z O | PAGE LANGE | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE | |
| Ĕ | | | | | YES NO X | IN CERTIFYING CA | AUSES OF DEATH? |
| 1 2 | 210. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCU | JRRED (ENTER NATURE OF INJU | | |
| | OR CONTRIBUTING CAUSE OF DE | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e PLACE OF INJURY | 19 | 21f LOCATION | | | |
| 뿧 | MHILE NOT WHILE | (AT HOME STREET, FACTORY, | OFFICE, FARM, ETC) | STREET | CITY OR TO | wn cour | NTY STATE |
| | AT WORK | | CEDIPLE | MD TO O | 5 TANTIADO | 10 07 | - |
| | 220.1 certify that (I) (this hosp saw the deceased olive o | JANUARY 12 | from SEFIE | MBER 12 19 8. | | 12 19 86 | |
| | abave XI) (we) (did) (dXIX | ot) view the bady after death | 1, a | | in death accurred on the di | | |
| | 276. SIGNATURE | 1 Delaher | nt m. | DEGREE ATTENDING | MEDICAL STAI | FF 32 | DATE SIGNED |
| 1 | 22d PHYSICIAN'S NAME (TYPE | 00.000.00 | / | PHYSICIAN 122e ADDRESS | DIRECTOR PHYSIC | IANA | |
| | | | | | | | |
| | MICHAEL DELAH | | | | CENTER, PERR | Y POINT, N | AD. |
| 230 | BURIAL, CREMATION, REMOVA | | | EMETERY OR CREMATORY | I CITY OF TOWN | COUNIY | STATE |
| | Burial | 1/15/86 | Mr. Sale | n Cemetery | Wilmington | New Castl | |
| | 2 Mary Hotom | Dayn, levy | filler, | nd 250 g | AJE REC'D. BY REGISTRAR | 256 REGISTRAR'S SI | GNATURE |
| | MCCKERY FUNERAL | HOME, WILMIN | IGIN, DE. | 0 | AN 1 4 1900 | , www. | New Volument |

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STATE OF MARYLAND



| 0270 | 60 | 1 - 51 | R ATE GISTRAR | DE | PARTMENT OF | E OF MARYLAND (LEALTH AND MENTAL HY LICATE OF DEATH | GIENE REG. N | 0 0 ú | |
|--|--|-------------------|--|--|---------------------|--|--|-----------------------------|--|
| | | OECEA: | SED NAME FIRST | WIDDLE | | AST | 20. DATE OF DEATH | MONTH DAY YEA | AR 2b. HOUR |
| 2 | 1/18 | TITTE OR PI | BERTHA | C. | 5 | MMS | 12 | 21/96 | 6:15 AM |
| | 0.0 | J. SEX. | SEP.77. | 4 RACE | 5. DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | |
| - 1 | 1/ | FE | MALE | WHITE | MONT 2 | 8 1923 | 62 | YRS. | DAYS HOURS MIN |
| 4 | 61/16 | | PLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COU | NTRY? B. | DE NEVER MARRIED | BALTIMORE CITY | OR COUNTY OF DEAT | н |
| - 1 | BE YE | COUNT | 2. VA | U.S.A. | WIDOW | | CECI | / | MD. |
| | 11/1/1 | IO CITY C | OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | ND OF BUSINESS OR |
| 6 | IN KL | CONC | DWINGO | 5 PARKWAY | POBOR | 208 | HOMEEN | | ters 5 |
| NO 212 | 36 | USUAL R | ESIDENCE THE NURSING HOME OF | ROTHER INSTITUTION, GIVE RESIDEN | CE BEFORE ADMISSION | 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS 5 PARKING | 44 PRB | 19/8 |
| ARMAN S | 422 | 14. FATHE | R'S NAME | | AST | 15 MOTHER'S MAIDEN N. | | | LAST |
| , S | 3 7 8 | 16e WAS | DECEASED EVER IN U.S. AR | RMED FORCES? 166. SOCIA | L SECURITY NO. | 17 INFORMANT | ADDR | ESS | 13/2// |
| TIMOR be exe | s. Pages. | (YES, N | (IF YES, GM | ve war or dates) 234- | 56-5615 | PERRY 1 | 1./ton Si | MMS SA | 3 B |
| T., BAL | physics on poper emoval. | 18 | PART I. DE ATH WAS CAUSE | nly ane cause per lime for 10). ED BY: .TE CAUSE (o) | (ordicity | Static | | BETW | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
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| PRESTON he death o | the attendin remove corb emotion, or er troumotic | | onditions, if ony, which | (b) | | 100,00 | The state of the s | | |
| | by the ase rem I, crema ather t | co | ouse (a), stating the orderlying cause last. | DUE TO, OR AS A CON | SEQUENCE OF | | | | |
| | 0 5 5 | | | (c) | IC TO DEATH OU | ALGA DEL ATER AG ALLE AGO | | | |
| | sign hen i to bu | | KI Z OTREKSIGNIFICANT | CONDITIONS CONTRIBUTIN | IG TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | IDITION GIVEN IN PAR | (I I(o) |
| 2 0 | hos been t permit. T ene prior ows ony ir | CERTIFICATION 180 | DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATIC | N WAS PERFORMED | 20e AUTOPSY? | 206. IF YES, WERE FIT | JSES OF DEATH? |
| TAL The | Hygier 18 shov | E 210 | ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 1000 | 21c. HOW INJURY OCCUR | YES NO | YES 🗌 | NO 🗆 |
| OF VIT, | 110 7 | - OR | CONTRIBUTING CAUSE OF DEA | ATH HOUR A.M. MONT | TH DAY YEAR | The stow in your occor | TRED TENTER NATIONS OF INJU | RY IN HEM 18, PART I OR PAR | 1 2] |
| DIVISION OF VITAL NG PHYSICIAN: The | \$ \$ a | Q 21d | . INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | 306-13-57 | 21f. LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| NO THOU | as the lith and larked | .AT V | WORK AT WORK | | , | 6 | 1 1/20 | 10, | |
| - SP | Heo I is m | 22 a | 1 certify that (I) (this haspi saw the deceased alive an | ital) attended the deceased | | nd that in (my) (aur) apınıar | death accurred on the d | late and how and tram | that (I) (we) last |
| ATTA | thed for sept. of them 21 | 776 | obove, (1) (we) (did) (did no | ot) view the body after death | | DEGREE | deam occorred an me o | Table and moor and main | ATE SIGNAD |
| | | 17 | Janton. Y | noneful | m - | ATTENDING PHYSICIAN | MEDICAL STA | | 21/82 |
| - 0 | should be deto with the State I | fre / | DAN /E | MONAK | 16 | HAMRE | DI= GRA | ta, M | 10 |
| 5 a | od MM | 23a BURI | AL, CREMATION, REMOVAL | 236 DATE | 23c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | coul64 | EEN bei ER |
| | | (SPECI | BURIAL | 1-23-86 | GRZENB | PRIER MEMORIAL | GALDING. LE | Ewisburgh | W.V |
| DHMH-16 66 | 0M 1/73 | | RAL DIRECTOR | ADDI | RESS | 25a. DA | TE REC'D. BY REGISTRAR | 256. REGISTRAR'S SIG | NATURE |
| (VR A 15 | 5 (4)) | RT. | FOARD FUNIA | cal Hone F. | 1512, Sun | pelzish ! | N 23 1986 | STATE VENEZO | 7 |



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STATE OF MARYLAND

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| | FOR STATE REGISTRAR | | | DEPARTM | | EALTH AND MI | | ENE | REG. NO |). | | | |
|---|---|---|--|--|---------------|--------------------------|--|---------------------|------------------|----------------|------------------|---------------|-----|
| - | 1. DECEASED NAME (TYPE OR PRINT) | PERI | | P | Si | ith | | 20. DATE C | FDEATH | MONTH , | 4/86 | 26 HOUR | f. |
| | 3. SEX | | RACE | | 5. DATE C | | | & AGE (IN | YEARS LAST BIRT | | I UNDER I YEAR | IF UNDER 24 H | _ |
| - | Female | | | | Jar | | 1903 | 82 | | YRS | MONIHS DAYS | HOURS M | IN. |
| 2 | 70. BIRTHPLACE (STATE OR COUNTRY) Delaware | USA | WHAT COUNTRY? | MARRIEI WIDOWE | D NEVERMA | RRIED - | 9 BALTIMO | DRE CITY OF | COUNTY | OF DEATH | OF DEATH MD | | |
| / | 10. CITY OR TOWN OF DE. | HOSPITAL NURSING HEACILITY, GIVE STREET A | G HOME C | | | 12a USUAL (TYPE OF WO | | F BUSINESS | | | | | |
| 1 | USUAL RESIDENCE (IF NUR. 130 STATE DE | OTHER INSTITUTION | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Newark | V | 13d INSIDECIT | LIMITS? | 13. STREET ADDRESS / ZIP CODE 93 S. Chapel ST. | | | | | 1 | |
| 1 | Albert Ham | | | | | 15. MOTHER'S A | ST | | MIDDLE SEgars | | Ha ṁi . | | 7 |
| 2 | 160 WAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17. INFORMAN | T | | APDRE | SÉ. Ma | rket S | t. | |
| N | NO | (# 165, 0146 | WAR OR DATES | 221-18-8 | 568 | Norris | Smith | | Por | t Per | in, DE. | | |
| | Conditions, if any gave rise to imm cause tol, storiunderlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UN | , which mediate and the lost. | DUE TO, OI (b) DUE TO, OI (c) OND IT IONS CO | R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO D STION FOR WHICH | NCE OF | REGU | O THE TERMI | ATT | se or cone | DITION GIV | EN IN PART 1: | NGS USED | |
| | II I | | - | | | | | YES 🗌 | ио[] | YE | | NO 🗌 | |
| 1 | | CAUSE OF DEAT | HOUR A. | M. MONTH DA | Y YEAR | 21c. HOW INJU | IRY OCCURRE | ED (ENTERN | ATURE OF INJUR | Y IN ITEM 18 P | ART 1 OR PART 2) | | |
| | 4 IF EITHER NOTIFY MEDI | HILE [| 21e PLACE (| OF INJURY REET, FACTORY, OFFICE FA | RM ETC) | 211 LOCATION | | | CITY OR TOV | VN | COUNTY | STATE | |
| | 220.1 certify that (1) saw the deceas obove, (1) (we) 22b. SIGNATURE | | . / | 1 | | d that in (a | 19 <u>&C</u> ur) opinian di | , to eath accurr | ed an the da | te and hou | | | |
| | 2 | Cal | una | w | | MD ATT | ENDING YSICIAN | | PHYSIC | IAN | 1/1 | 7/86 | K |
| | ETH SA | +NUR | | HMAN | | 22e ADDRESS | | | UM/ | | 0 PL# | ZA | Ь |
| | 230. BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23c. N | AME OF C | EMETERY OR CR | EMATORY | 23d. LOC | ATION | | COUNTY | STATE | |
| | Burial | | 1/18/ | 86 Hd | of Ch | ristian | | N | ewark | | NC | DE | |
| | 24 FUNERAL DIRECTOR | brued | ito-be | cks)ADDRESS | | | 25a. DATE | REC'D, BY | REGISTRAR | Sh. REGIST | RAR'S SIGNAT | URE | B+ |

DHMH - 16-60M 7/84 (VRA 15, 4)

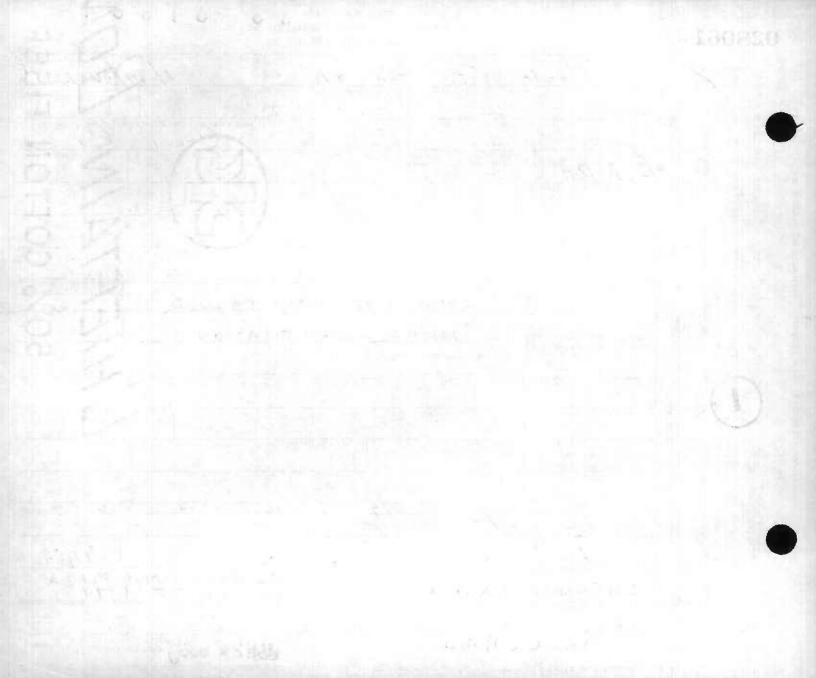
Hicks Funeral Home, Elkton, MD

Newark NC DE

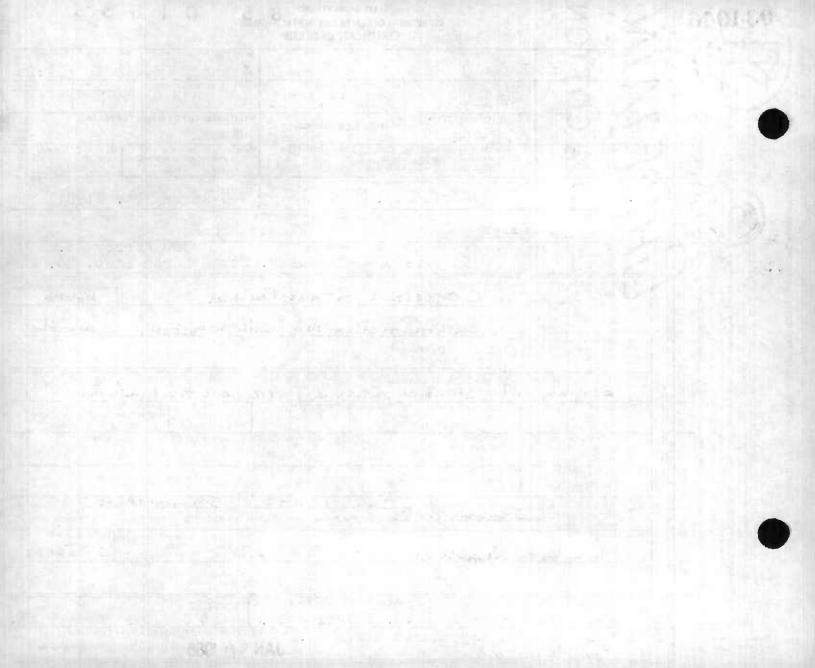
250. DATE REC'D, BY, REGISTRAR'S SIGNATURE

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| 034046 | 1 | FOR BTATE REGISTRAR | | DEPARTA | NENT OF HE | OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH | REG. NO. | 8 5 | |
|--|-----------------------|---|--|---|--|--|--|---|--|
| | 1. DE | CEASED NAME FIRST | | MIDDLE | LAS | ST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| 4 1/0 | | Jane | Barta | by Stein | | | | 1986 | 22:20m |
| OE J | 3. SE | | | 5 DATE OF | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | |
| Foge 4 | | Female | White June 14, 1518 | | | 67 YRS. | | | |
| leoth Person of on or one of one | C | ethplace istate or foreign England | Engl | England | | NEVER MARRIED DIVORCED DI | 9 BALTIMORE CITY <u>or</u> COUNTY Cecil | Y OF DEATH | MD. |
| by the fulled with | - | TY OR TOWN OF DEATH Elkton | 11. NAME OF | F HOSPITAL, NURSING HOME OR OTHER INSTITUTION UCH FACILITY, GIVE STREET ADDRESS! 1 101 HOSPITAL | | | (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER 120. KIND OF BUSINES: INDUSTRY HOME | | |
| NND 212 | USU/ I3a S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COL | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] NTY CIL NOTTH East YES NO | | | 300 Merrey S | t. 219 | 01 | |
| WWW. 170 | 14 FA | THER'S NAME FIRST Joseph | LAS | | | | | | |
| e execution ond Poges | 16a V | VAS DECEASED EVER IN U.S. A res, no of unknown) (IF yes, GI | RMED FORCES? VE WAR OR DATES) | 166 SOCIAL SECU 562-44- | | Clinton H. | ADOUG Me Stein North | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 O HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed the properties of the death certificate by the hospital or otherding physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove corbon-papers. Pages must the fill with the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical manners to be proported by the medical manners. | MEDICAL CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT ## So Phys 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHITE NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE 220 Legatify that (1) (this base) | DUE TO, CO CONDITIONS C CONDITIONS C FOR TO THE CAUSE (AT HOME ST DITED TO THE CAUSE (AT HOME ST TO T | OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING | NCE OF NCE OF | OT RELATED TO THE TERM WAS PERFORMED 211. HOW INJURY OCCURR 211 LOCATION STREET | IN CERTI | VEN IN PART 110 S, WERE FINDING CAUSES SO COUNTY 19 9 5 70 70 70 70 70 70 70 70 70 70 70 70 70 | AGS USED OF DEATH? NO STATE that (I) (we) lost couses stated |
| TO HOSP retoined I TO FUNE should be with the S | 23a E | SURIAL, CREMATION, REMOVA | | | | METERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | | Cremation | | | | erris & Co. | | r Ches | ter Pa. |
| DHMH - 16 50M 7/77 (VR A 15 (4)) | 24 FU | MERCIPIETEN Fun | eral H | gme Mort | h Eas | st, Md. JAI | N 3 0 1986 Julia Di | rar's signati | |



(VRA 15, 4)

|)47 | 1. | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH REG. NO. | | | | | | | | |
|--|-----------|---|---|---|-------------------------|-----------------------|---|-------------------------------------|-------------------|---------------------------------------|--|--|
| | I, DE | PASED NAME IN | MID! | OLE C | That | nas | 2a. DATE OF D | EATH MONTH | 6/86 | 26 HOUR 0 20. | | |
| s after de | 1.58 | Female | 4 RACE Whi | te | 5 DATE OF BIRTH July 2 | DAY YEAR | 6. AGE (IN YEA | 79 YRS | MONTHS DAYS | | | |
| 19 | . 1 | ontown, Pa. | 77 0 | | 8. | EVER MARRIED DIVORCED | 9 BALTIMOPH | PCI I | TY OF DEATH | , | | |
| (A) | | EIKTOW | Union | Hospi | tal | RINSTITUTION | 12a USUAL OC (TYPE OF WORK F Ret. | CUPATION OR MOST OF WORKING Secreta | SUFFE INDUSTRY | ysler | | |
| 11 36 | Ha. S | Md. | | e RESIDENCE BEFORE C. CITY OR TOW Elk | ton YES | | 65 | DRESS / ZIP CO | Avenue) | 192 | | |
| 1)10 | 14. FA | Frederick | MODE . | 'Å'dd | | THER'S MAIDENN | | WIDDLE | | istor | | |
| Poper | | AS DECEASED EVER IN U | sales, of the bridge of the first state of | 95-24- | | ormant ris Lew: | is 570 | | lkton, is Shor | | | |
| been signed by the one eat. Then pil central price to burial, Centralian any injury, or other traum | IFICATION | Conditions, if any, wh gave rise to immediately in stating underlying course to part 2. OTHER SIGNIFIC INC. DATE OF OPERATION | DUE TO OR A (c) ANT CONDITIONS CON | | Lydro | | Degra RMINAL DISEASE | SY? 20b. IF | YES, WERE FIND | NGS USED | | |
| Hypers 18 8 8 8 11 | CERTIFIC | 214. ACCEPT WAY UNDERCH | State Committee of the | NJURY MONTH DA | Y YEAR 21c HC | OW INJURY OCCU | | NOKIX. | YES DEPART 2) | NO [| | |
| he this certification the barried Meeting | MEDICAL | (# 27 MB HOTEV MEDICAL DO 714 NULTY OCCURRED AT WORL AT WORL AT | P.M. 21e PLACE OF | | 19 211 LO | CATION | | CITY OR TOWN | county | STAT | | |
| Ched for use. Dept. of Healt New 21 is my | N. N. | 22a I certify that (1) (this saw the deceased all obave, (In we taid) (| hospital) attended the dive on didnet) view the body off | | DEGREE | ATTENDING | MEDICAL_ | STAFF | | that (1) we causes state SIGNED | | |
| FUNERAL old he deto t the State | | 224 PHYSICIAN'S MAKE | Ilm cheson | - a cun | 122e AF | DORESS 7.21 | DIRECTORIL | PHYSICIAN [| | -/ -/ | | |

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| house its | 19915.bs ,noss1; | ,bso older | 400 | actS) |
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| ichnell, 60 Addle [d.Elkto | . B.J.J | XIII TO FIG. | | .0 |
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filled in by the funeral directoryld be filed within 72 haurs a

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE CERTIFICATE OF DEATH

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| ı | REGISTRAR | | CERTIFICATE OF D | EATH | REG. N | 0 | | | |
|---|--|---|------------------------|------------------|---------------------------|---------------|------------|------------|----------------------------------|
| Ì | 1. DECEASED NAME FIRST | MIDDLE | LAST | | | MONTH | DAY | YEAR | 26 HOUR |
| | Celesti | ine | Trimble | | | 3 86 7 | | 7:20a n | |
| 1 | 3 SEX | 4 RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAST BIR | THDAY) | | DER 1 YEAR | IF UNDER 24 HRS |
| ł | femal e | caucasian | MONTH DAY | 25 | 60 | YRS | MONTH | DAYS | HOURS MIN. |
| J | 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER M | APPIED T | BALTIMORE CITY | | | EATH | |
| 4 | Pennsylvania | USA | | ORCED | | CECIL | COUN | łTY | MD. |
| 1 | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | | 120 USUAL OCCUPATI | ION | 12 | | F BUSINESS OR |
| 1 | PERRYVILLE | 223 MCLHINNEY STREET | | | (RET)REGISTER | | | | PITAL |
| 1 | USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COUNTY | | | | 13e.STREET ADDRESS | | | | |
| 1 | Maryland Cec | | | | 223 McLhin | | | | 21903 |
| I | 14 FATHER'S NAME FIRST | MIDDLE LAST | | MAIDEN NAM | E MIDDLE | | | LAS | |
| 1 | John | Kalanik | Ma | | Part Control | | Pet | | |
| ı | 160 WAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SECTION WAS OR DATES) | URITY NO. 17, INFORMAT | VĪ | ADDRE | SS | | | |
| L | NO | 208 16 92 | 57 CHARLES | M. TRIMBE | LE, JR. | SA | ME AS | #13e | |
| ſ | IB CAUSE OF DEATH (Enter or | nly one cause per for for all ib), or | ndies and. | .01 | 1-1- | 11 | | m Traini | MATE PITERVAL ONIAT AND DEATH |
| ı | PART I. DEATH WAS CAUSE | TECAUSEION CYllus | we attilled | Acken | lee Card | ioUr | esa | del | |
| ı | 100000000000000000000000000000000000000 | | | deson | al arl | | N | - | 20100113 |
| ı | F-180 1 | DUE TO, OR AS A CONSEQU | MICE OF SITE | | In 11+ | 11 | 100 | 0. | |
| ı | Conditions, if any, which gave rise to immediate | 1 (6) | T m could | Aure 1 | recubill | a, | -ye | 0 | _ |
| ı | couse (a), stating the | DUE TO, OR AS A CONSERVE | ENCERE | 1 | Onthe | 200 | rele |) | |
| ı | underlying couse lost | 1 10 Uple | estre auch | llea | | | | | |
| 1 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED | TO THE TERMIN | NAL DISEASE OR CON | DITION G | IVEN IN | PART 10 | 2. |
| l | OI . | | | | | | | | |
| ì | N 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFOR | RMED | 200 AUTOPSY? | | | | IGS USED OF DEATH? |
| 1 | NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | YES NO X | | YES | CAUSES | NO |
| 1 | 210. ACCIDENT WAS UNDERLYING | | 21c. HOW INJ | URY OCCURRE | D (ENTER NATURE OF INJUI | RY IN ITEM IS | B PART I O | R PART 2) | |
| Į | OR CONTRIBUTING CAUSE OF DEA | niii | 19 | | | | | | |
| 1 | (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATIO | N | | | | | |
| ı | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE I | FARM, ETC) STREET | | CITY OR TO | WN | C | YIMUC | STATE |
| ı | | ital) attended the deceased from_ | O/ | 19 | _ , to | | . 19 | | that (I) (we) lost |
| 1 | sow the deceased plive on | 1/5 | 86, and that in (my) (| | eath accurred an the do | ate and he | | | |
| ı | 22b. SIGNATURE | at) view the bady after death. | DEGREE | | 1 | | 12 | 2c DATE : | SIGNED |
| l | 184a | w 1- 42 | Al | TENDING HYSICIAN | MEDICAL STAP | | | 1/1 | 2/2/ |
| 1 | 22d. PHYSICIAN'S NAME TTYPE O | OR PRINT) | 22e. ADDRESS | | DIRECTOR PHISIC | IAIN [| | 1// | 21078 |
| ı | Brian T. Yeo | , M.D. | 801 9 | S. Unio | n Ave., Ha | avre | de (| Grace | |
| t | 23a BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR C | | 23d. LOCATION | | | 144 | |
| | (SPECIFY) BURIAL | | ARFORD MEMORIAL | | ALDINO L | MPEOD | COU | | STATE |
| t | 24 FUNERAL DIRECTOR | 1200/11/0/0/1/1/00 | THE PICTURE | | ALDINO, H | 25b: REGI | STRAR'S | SIGNATI | URE _ |
| 1 | MITCHELL FUNERAL HOME | HAVRE de GRA | ACE, MD. 21078 | BA | N 1 4 1986 | | الان الما | | State |
| | THE TOTAL HUMB | - FA. INTIL OC OIL | IUL, 110. Z10/0 | | | at a second | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANI: If them 21 is marked or them.



| 031125 | 1- | FOR STATE REGISTRAR | | | DEPA | RTMENT OF | E OF MARYLAND EALTH AND MENTAPHY ICATE OF DEATH | | 6. NO. | 8 9 | |
|--|---------------------|--|-----------------------------------|----------------------------|-------------------|------------------|---|----------------------|----------------------------------|--|-------------------------------------|
| 7 | | CEASED NAME | FIRST | | AIDDLE | | AST | 20. DATE OF DEA | | DAY YEAR | 2b. HOUR |
| poge 3 | | | JOHN | | W. | | ITE | | 3,1986 | | 2113 " |
| offer p | 3 SE | Male | · · | RACE Whit | .0 | 5. DATE (| DAY YEAR | 6. AGE (IN YEARS) | | IF UNDER I YEAR | HOURS MIN. |
| direct ours | 70 BI | RTHPLACE (STATE OR FO | DEICH 7 | b. CITIZEN OF V | | DV2 2 | y 21,1932 | 9 BALTIMORE C | YRS. TY OR COUNTY | OFDEATH | |
| n 72 h | , | Virginia | JAE IOIN / | TTCA / | | MARRIE | D MEVER MARRIED DIVORCED | Cecil | | Or BEATT | MD |
| y the fured withing | | TY OR TOWN OF DEA | TH 1 | | | | | | UPATION MOST OF WORKING LIFE TER | 126. KIND O INDUSTRY CONS | F BUSINESS OR truction |
| Illed in b | USU. 13a. S M | AL RESIDENCE (IF NURSINATE aryland | NG HOME OR COUNT Ceci | THER INSTITUTION | | EFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | | ess igustine | 3 | 116263 6 |
| sky fi | | THER'S NAME | 0001 | | BIL | | 15. MOTHER'S MAIDEN N | AME | igus offic | S IIGI III | alleligwy |
| MAR) | | John | | IDDLE | Whit | | Myrtl | e | DDLE | | gle |
| MORE, n and co Pages | 16a V | vas deceased ever i (es, no or unknown) No | | VAR OR DATES) | 166 SOCIAL S | SECURITY NO. | Evelyn M. | White 6 | 26 Augu | lkton, ustine | Md.219 Herman |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ORD PHYSICIAN: The low requires that the death certify of the distributions has been signed by the attending place the bursol-transit permit. Then please remove carbons that and Mental Hygiene prior to buriol, cremation, or remarked at them 18 shows any injury, or other traumatic every and them 18 shows any injury, or other traumatic every control or the property of the property o | CERTIFICATION | gove rise to imm couse (10), stoting underlying couse PART 2 OTHER SIGN | IFICANT CO | (c) ONDITIONS <u>CO</u> | | TO DEATH BUT | NOT RELATED TO THE TER. | MINAL DISEASE OR | ? ZOb. IF YES. | EN IN PART 110 , WERE FINDIN YING CAUSES | 4GS USED |
| At The cion. | RTIF | | | | | Q-Carlos | | | YES YES | | NO 🗌 |
| SKCIAN: ng physis certificat certificat miol-tran ental Hy | MEDICAL CE | 210. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC | AUSE OF DEAT | P.A | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCU | RRED (ENTER NATURE) | OF INJURY IN ITEM 18 PA | ART I OR PART 2) | |
| NVISION offend offer this ss the bu | MED | 21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR | LE 🗆 | | EET, FACTORY, OFF | | 21f. LOCATION STREET | Cit | Y OR TOWN | COUNTY | STATE |
| TTENDIP priod or TTOR. Afor use of Health | | 22a.1 certify that (1) saw the decease above, (1) (we) (d | (this hospited on _ id) (did not) | Jan. | deceased from | | nd that in (my) (aur) apiniar | | the date and hour | | that (I) (we) last causes stated |
| the hos at DIRECted OR A The hos at DIRECted or the Dept. If Hem | | 226 SIGNATURE | sh. 1 | 7- Pc | ale e | N III | DEGREE ATTENDING PHYSICIAN | MEDICAL MEDICAL P | STAFF HYSICIAN [] | 1/2 | SIGNED |
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| TO He should with I IMPO | 23a. E | SURIAL, CREMATION, F | | 23b. DATE | | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | |
| BP | | Burial | | 1/26/ | '86 | Kemb] | esville Ce | m. Kembi | lesville | ches, Ches | ter, Pa |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 24. FI | INERAL DIRECTOR | 7. | Selas | 8.2 | Deval | Speed JAN | TE REC'D. BY REGIS | TRAR 256 REGISTI | RAR'S SIGNAT | URE |

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| | X 9. 9. 8. F. | (TYP | E OR PRINT) | \. PERCY | Carl | (P.C.) | T | WILLIAMS, | Jr. OF ESTI- | Commit | 31 19 86 | |
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| | DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BEFILED, WITHIN 72 HOURS DELAY OF THE FILES. TO THE FUNERAL DIRECTOR. | I | lale | White " | Dec. 2 | 19 15 y | ATTOONT | years Hours | MIN PRONOUNCED DEAD | 1 | 31 19 86 | 10:28 |
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| | (0 m | | 18 CAUSE OF | DEATH (Enter only one | e cause per line | far (a), (b), and (c).) | | | | | APPROXIMAT BETWEEN ONS | E INTERVAL |
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| | TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STABLE DEATH, WITH THE STABLE DEATH, WITH THE STABLE DEATH | 73a BI | | ION, REMOVAL 23b D | | 23c. NAME OF CE | | | 23d LOCATION | | | |
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